

CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER
OF HEALTH

for the year

1948



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MADAM CHAIRMAN, LADIES AND GENTLEMEN,

Tribute was paid in the last Annual Report to the sterling work of Dr. Williams who was Medical Officer of Health of this City for 17 years. It is a pleasure to commence my first report to you with my own appreciation of Dr. Williams. In the course of his work, a Medical Officer of Health comes into contact with most aspects of life in his area and his duties are made much easier and progress is so much greater if his Department is in a happy relationship with other Corporation Departments, the local medical profession and the various medical and social agencies in the City. Dr. Williams has created most successfully this very friendly relationship and I am extremely grateful to him for this magnificent legacy. Dr. Williams resigned his appointment as Medical Officer of Health to take up the duties of Senior Medical Officer to the Oxford Regional Hospital Board and it has been a tremendous advantage to the City Health Services to have had his wise counsel and judgment during this period of change. His wide knowledge of the hospital and medical services of the Region and his long experience of Local Government have enabled him to deal successfully with many problems which, in other Regions, have caused difficulties.

The report for 1948 has not been an easy one to compile as the National Health Service Act and the National Assistance Act both came into effect half-way through the year. In this introductory letter I propose to make a few brief comments on what I consider to be matters of particular interest but all important detail will be found under the various headings in the main body of the report.

The vital statistics for the year are most favourable. The Death Rate is the lowest ever to be recorded for the City. The Infantile Mortality Rate is most satisfactory and only in 1939 was a lower rate recorded. The Cancer Death Rate is the lowest for 10 years and is accounted for by a marked decline in the number of deaths from Cancer of the female reproductive system in the age group 45—65 years. This decrease can probably be attributed to earlier diagnosis leading to more successful treatment.

The Ambulance Service has successfully met the greatly increased demand arising from the National Health Service Act. Since July, the ambulances and sitting case cars have together done a monthly mileage of between 25,000 and 30,000, representing a 320% increase over the first six months of the year. Two-thirds of this mileage have been on behalf of patients who are not Oxford residents but who have received treatment at one or other of the hospitals in the City. This is an unfair financial burden on the City and the whole question has been taken up with the Association of Municipal Corporations. The present Ambulance Depot

is quite inadequate both in relation to staff and vehicles and plans have been prepared for a new station which it is hoped to build in the near future. The Ambulance Service now deals with all cases including accidents and infectious diseases.

Health Visitors have now become Health Advisers to the whole family and efforts are being made to link their work more closely both with general practitioners and hospitals. The Home Help Service continues to flourish and appears to be the envy of many other Authorities. The range of help offered has been extended to include the chronic sick, the aged and infirm and cases of tuberculosis. The District Nursing Association in spite of a diminished staff, have somehow managed to meet an increasing demand for home nursing.

The question of convalescent treatment is as yet not very satisfactory. There are now no convalescent homes in this Region which provide facilities for cases recommended by Local Health Authorities and it is becoming increasingly difficult to get accommodation elsewhere. There are two sorts of convalescence provided under the Act. In the one case, convalescence is provided free of charge by the Hospital Boards for patients requiring a continuation of medical or nursing care and, in the other case, Local Health Authorities provide convalescence for patients needing rest, good food and fresh air as a preventive measure. In the latter case the patient makes payment according to an approved method of assessment. This dual responsibility and the difference in cost have on occasion given rise to misunderstanding and difficulty.

The value of Health Education is now more generally accepted and the staff of the Health Department are increasingly called upon to give lectures on various health matters. In a University and Regional Hospital Centre it is natural that the Health Department should be asked to provide teaching facilities for medical students, midwives, health visitors, district nurses, etc. and it has been a pleasure to take part in such important educational work.

The year has been a favourable one for infectious diseases. The incidence of Scarlet Fever is the lowest ever to be recorded in the City and there were again no deaths from this disease. There were only two mild cases of Diphtheria and there was a low incidence of Poliomyelitis compared with the previous year. Measles was epidemic during the year but was again mild in type and there were no deaths amongst the 1472 cases notified. There was one death in a baby amongst the 573 cases of Whooping Cough notified. The transfer of the Slade Hospital has been keenly felt, but the arrangement with the United Oxford Hospitals by which the Medical Officer of Health and his Deputy have remained in medical control has been most valuable.

The incidence of and deaths from Tuberculosis have shown only minor variations during recent years. Unfortunately the National Health

Service Act has divided the responsibility for the control of this disease between Hospital Boards which are now responsible for diagnosis and treatment and Local Health Authorities who remain responsible for prevention and after-care. However, excellent co-operation with the United Oxford Hospitals exists and the problem continues to be tackled energetically.

The Venereal Diseases show a decreased incidence and the valuable contact tracing undertaken by the Almoner has met with much success.

Vaccination is now on a voluntary basis and, so far, rather better results have been obtained. Immunisation against Diphtheria has now received universal acceptance and as a result this dangerous disease has virtually disappeared. Every effort continues to be made to find an effective means of preventing Whooping Cough and a further trial of vaccines is being carried out in the City. Experimental work is also being undertaken in collaboration with the Medical Research Council into the use of Gamma Globulin in the prevention and attenuation of Measles.

Ringworm of the scalp continued to show an undue prevalence and new measures introduced during the year included a special clinic and arrangements for X-ray treatment at Reading. As a result, there has been a marked diminution in the number of cases. Scabies has continued to decline in incidence and very few cases are now seen.

The Maternity and Child Welfare Services were not very much affected by the National Health Service Act. Separate Postnatal Clinics were introduced during the year and have already justified their existence by the increased number of patients who have attended for this important examination.

During the year, the Mother and Baby Hostel was opened and has already fulfilled an obvious need.

Increased dental facilities have been provided for antenatal and postnatal mothers and for pre-school children. Our efforts in this respect have met with difficulty because of the shortage of dentists who are willing to enter the municipal service due, no doubt, to the marked difference in remuneration between the salary offered by Local Health Authorities and that obtainable in general dental practice under the National Health Service Act.

The inadequate hospital accommodation in the Region for mental defectives has caused concern. The Occupation Centre continues to do excellent work in very poor premises. It is hoped to provide more satisfactory premises in the near future.

The provision of Welfare Services under the National Assistance Act has required much thought during the year. Schemes were prepared under sections 21 and 29 of the Act. Efforts are being made to improve the

accommodation for old people at The Laurels and to find additional and more suitable accommodation. Blind welfare work has continued, and an Almoner has been appointed who will devote half of her time to the Eye Department of the United Oxford Hospitals and half to the City Council. A register of "partially sighted" persons has been started and they will be offered the same welfare facilities as those available to the blind. It is hoped to make arrangements for the Oxford Diocesan Association to undertake welfare arrangements for the deaf and dumb. The Department of Otolaryngology of the United Oxford Hospitals has undertaken to supervise and assist the hard-of-hearing.

The Environmental Hygiene Services have not been affected by the new social legislation. The importance of proper housing, pure food, clean air, pure water, etc., cannot be exaggerated and progress in these directions continues.

In conclusion, it is with great pleasure that I acknowledge the willing help that I have received from members of my staff throughout a very busy year during which great changes have taken place.

I wish to thank the many members of the staff who have contributed to this report and, particularly, Dr. Gourlay, Dr. Fisher, Mr. Allin, Mr. Wright and Mr. Swift, who have been responsible for individual sections, and Mr. Annely and Miss Martin who have largely edited the report.

To you Madam Chairman, and Members of the Committee, I wish to record my most grateful thanks for the kindly consideration which you have at all times extended to me.

Yours faithfully,

J. F. WARIN,
Medical Officer of Health.

SECTION I

COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Alderman Mrs. HARRISON-HALL.*Vice-Chairman:* Councillor Miss SPOONER.

Alderman BLACKLER.	Councillor CAPEL.
„ Mrs. BOWERMAN.	„ COULING.
„ Mrs. PRICHARD.	„ GRANT.
„ Mrs. STEVENSON.	„ HOLT.
„ Lady TOWNSEND.	„ PAUL.
Councillor AVERY.	„ Mrs. REES.
„ Mrs. BOURNE.	„ SMEWIN (Deputy Mayor).
„ CACCIA.	„ WARRELL.

The following Sub-Committees were set up:—

I. MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Chairman: Councillor Mrs. REES.*Vice-Chairman:* Alderman Mrs. PRITCHARD.

Alderman Mrs. BOWERMAN.	Councillor Mrs. BOURNE.
„ Mrs. HARRISON-HALL.	„ Miss SPOONER.
„ Lady TOWNSEND.	„ WARRELL.
„ Mrs. COATE.	} co-opted.
„ Mrs. DEAN.	
„ Miss HAIG-BROWN.	

(a) MATERNITY FINANCE SECTION.

Members of the Maternity and Child Welfare Sub-Committee in rotation, together with The Chairman and Vice-Chairman alternately.

(b) MOTHER AND BABY HOSTEL HOUSE SECTION.

(from October 1948)

Chairman: Miss HAIG-BROWN.*Vice-Chairman:* Mrs. DEAN.

Alderman Mrs. PRICHARD.

Councillor Mrs. REES.

Councillor WARRELL.

II. MENTAL HEALTH SUB-COMMITTEE.

Chairman: Alderman Mrs. PRICHARD.*Vice-Chairman:* Councillor WARRELL.

Alderman Mrs. STEVENSON.	Mrs. H. C. BROWN	} co-opted.
Councillor PAUL.	Miss M. IRVINE	
„ Miss SPOONER.		

III. HOSPITAL AND INFECTIOUS DISEASES SUB-COMMITTEE.

(to July 5th, 1948: subsequently Infectious Diseases and Sanitary Sub-Committee)

Chairman: Alderman Lady TOWNSEND.

Vice-Chairman: Councillor HOLT.

Alderman	Mrs. HARRISON-HALL.	Councillor	GRANT.
,,	Mrs. STEVENSON.	,,	SMEWIN (Deputy Mayor).
Councillor	CACCIA.	,,	Miss SPOONER.
,,	CAPEL.	,,	WARRELL.

(a) TUBERCULOSIS CARE SECTION.

Chairman: Councillor HOLT.

Vice-Chairman: Mr. H. A. GODDARD (co-opted).

Alderman	Mrs. HARRISON-HALL.	Mr. D. G. CATHRO	} co-opted.
,,	Lady TOWNSEND.	Mrs. PARSONS	
Councillor	CACCIA.	Mr. J. G. ROBINSON	
,,	GRANT.	Mrs. S. ROSE	
,,	Miss SPOONER.	Mrs. THOMSON	
,,	WARRELL.		

IV. WELFARE SERVICES SUB-COMMITTEE.

(from 5th July, 1948)

Chairman: Alderman Mrs. HARRISON-HALL.

Vice-Chairman: Councillor Miss SPOONER.

Alderman	BLACKLER.	Councillor	COULING.
,,	Mrs. BOWERMAN.	,,	Mrs. GIBBS (co-opted).
,,	Mrs. STEVENSON.	,,	Mrs. REES.
Councillor	AVERY.	,,	SMEWIN (Deputy Mayor).

HOUSING COMMITTEE

Chairman: Councillor KNIGHT.

Vice-Chairman: Councillor PAUL.

Alderman	Mrs. BOWERMAN.	Councillor	Mrs. GOULTON-CONSTABLE.
,,	CRIPPS.	,,	GUNBY.
,,	INGLE.	,,	Mrs. MILLS.
,,	Mrs. STEVENSON.	,,	PERRIMAN.
Councillor	CACCIA.	,,	WILLIAMS.
,,	COULING.		

BLIND WELFARE COMMITTEE.

(to July 5th, 1948)

Chairman: Councillor ALLAWAY.

Vice-Chairman: Councillor Mrs. REES.

Alderman	BLACKLER.	,,	PERRIMAN.
Councillor	COULING.	,,	SALE.
,,	COXETER.	,,	WENBORN.
,,	Mrs. GIBBS.		

HEALTH DEPARTMENT STAFF.

Medical Officer of Health:

J. F. WARIN, M.D., D.P.H. (from April, 1948).

R. J. TOLEMAN, M.B.E., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Acting Medical Officer of Health until April, 1948, when resigned).

Deputy Medical Officer of Health:

R. J. GOURLAY, M.D., D.P.H., (from June 1948).

Senior Assistant Medical Officer for Maternity and Child Welfare:

M. FISHER, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H. (Acting Deputy Medical Officer of Health until May, 1948).

Assistant Medical Officers of Health:

L. J. KENT, M.R.C.S., L.R.C.P.

M. KEMSLEY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., C.S.P.

R. SALES COOPER, M.B., B.S. (Lond.).

G. K. JEYES, B.Sc., M.B., Ch.B., D.P.H.

W.H.N. HEAVENS, M.R.C.S., L.R.C.P. (Also R.M.O., The Slade Isolation Hospital). (Resigned, May, 1948).

E. W. MOORE, M.C., M.B., Ch.B., D.P.H. (Also R.M.O., The Slade Isolation Hospital. Transferred to United Oxford Hospitals, July 5th, 1948, since when part time.)

Consulting Tuberculosis Officer (Part Time):

W. STOBIE, O.B.E., J.P., M.A., M.D., F.R.C.P. (To July 4th, 1948).

Assistant Tuberculosis Officer:

M. WHITTY, M.B., B.S. (Transferred to United Oxford Hospitals on July 5th, 1948, since when part time).

Public Vaccinators:

L. H. BERTIE, M.A., M.B., B.Ch. (to July 4th, 1948).

P. M. SMYTH, M.B., B.Ch. (Camb.) (to July 4th, 1948).

Chief Dental Surgeon:

J. F. ALLIN, M.C., L.D.S., R.C.S.

Assistant Dental Surgeon:

Miss M. J. MICKLER, L.D.S., R.C.S. (from July, 1948. Resigned, Nov., 1948).

Dental Attendant:

Miss J. G. MCPHERSON (from September, 1948).

Chief Sanitary Inspector:

S. SWIFT, M.B.E. (a) (c) (d) (f) (g).

Deputy Chief Sanitary Inspector:

C. H. CLARKE (a) (c).

District Sanitary Inspectors:

K. ENGLAND (b) (c).

F. A. FAWCETT, D.P.A. (b) (c) (d) (h).

D. WATSON (b) (c) (e).

J. SAGAR, D.P.A. (b) (c) (d) (e). (Resigned, December, 1948).

Miss E. M. REEVES, S.R.N., S.C.M. (b).

R. C. STENTIFORD (b) (c).

J. P. MULLARD (b).

(a) Sanitary Inspector's Certificate, Royal Sanitary Institute.

(b) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.

(c) Meat and Food Inspectors' Certificate, Royal Sanitary Institute.

(d) Sanitary Science Certificate, Royal Sanitary Institute.

(e) Smoke Inspector's Certificate, Royal Sanitary Institute.

(f) Sanitary Inspector's Advanced Certificate, Royal Sanitary Institute.

(g) Diploma in General Hygiene, Institute of Hygiene.

(h) Associate-Membership Certificate, Institute of Sanitary Engineers.

Disinfector: 1. Outside Sanitary Assistants: 3.

Superintendent Health Visitor:

Miss D. BROWN (a) (b) (c) (d).

Health Visitors:

Miss D. FINUCANE (b). (Resigned March, 1948.)
 Miss N. INGLE (a) (b). (Resigned, March, 1948.)
 Miss J. BARNETT (a) (b) (c).
 Miss M. RUOFF (a) (b) (c). (Resigned, July, 1948.)
 Miss L. BECKLEY (b). (temporary.)
 Miss K. DOBSON (a) (b) (c). (Resigned, November, 1948.)
 Miss W. PRATT (a) (b) (c) (d).
 Miss J. GUTCH (a) (b) (c). (Resigned, November, 1948.)
 Miss G. DAVIES (a) (b) (c).
 Miss M. SALMON (a) (b). (Resigned, September, 1948.)
 Mrs. E. FRANCIS (a) (b).
 Mrs. M. H. PETITT (a) (b) (c). (from April 1948.)
 Miss J. FARLIE (a) (b) (c). (Resigned, October, 1948.)
 Miss B. HODGSON (a) (b) (c). (from April, 1948.)
 Miss S. JONES (a) (b) (c).
 Miss E. GILBERTSON (a) (b) (c). (from April, 1948.)
 Miss F. HOPKINS (a) (b) (c). (from August, 1948.)
 Miss J. E. TEAGUE (a) (b). (from December, 1948.)
 Miss M. U. O'SULLIVAN (a) (b). (from January, 1948.)
 Mrs. B. EAGLE (a) (b).

Clinic Nurses: 2.

Non-medical Supervisor of Midwives:

Miss P. V. NEEDHAM (a) (b).

Midwives:

Mrs. A. E. GODFREY (a).
 Miss F. ELDRIDGE (a).
 Miss P. PIKE (a) (b).
 Miss G. TUCK (a). (Resigned May, 1948.)
 Mrs. E. RICKS (a).
 Miss D. INNESS (a) (b).
 Miss P. MILLAR (a) (b).
 Miss P. MILLER (a) (b). (Resigned November, 1948.)
 Miss P. WHYTON (a) (b). (from Aug., 1948.)

Mother and Baby Hostel:

Mrs. B. HUMPHRIES (a) (b). Matron.
 1 Nursery Nurse.

Nurseries:

Florence Park Day Nursery:

Mrs. E. PEARCE (a) (b). Matron.
 1 Nursery Nurse.
 1 Nursery Assistant.
 2 Probationer Nursery Students.
 1 Nursery Student.

Botley Road Day Nursery:

Miss C. M. BARNES (b). Matron.
 3 Nursery Nurses.
 2 Nursery Assistants.
 3 Probationer Nursery Students.
 1 Nursery Student.

Short Stay Nursery (Transferred to Children's Department, July 5th, 1948):

Miss E. A. THOMAS (b). Matron.
 3 Nursery Nurses.
 1 Nursery Assistant.

- (a) State Certified Midwife.
- (b) State Registered Nurse.
- (c) Health Visitor's Certificate, Royal Sanitary Institute.
- (d) State Registered Fever Nurse.

Home Helps:

Miss W. OGILVIE. Organiser.
Miss M. CREEDY. Assistant Organiser.

Almoners:

Miss G. M. HUTCHINSON. (Resigned, July, 1948.)
Miss E. M. MILNE (Tuberculosis). (Resigned July, 1948.)
Mrs. D. HICKS (Tuberculosis). (from September, 1948, part-time.)
Miss COGGIN (Venereal Disease). (from July, 1948, part-time.)

Mental Health:

Miss M. BUCK, Authorised Officer.
J. HADFIELD, Authorised Officer (from July 5th, 1948.)
J. ROBERTSON, Authorised Officer (from July 5th, 1948, part-time.)
Miss D. BRUCE, Assistant Visitor (from May, 1948.)

City Isolation Hospitals (Transferred to United Oxford Hospitals, July 5th, 1948):

Miss L. STANLEY, S.R.N., S.C.M., S.R.F.N., House Certificate. Matron.

Welfare Services:

J. H. B. WRIGHT, Chief Welfare Officer (from July 5th, 1948).
J. ROBERTSON, Assistant Welfare Officer (Part-time from July 5th, 1948).
Miss M. HOLBOROW, Home Teacher, Blind Welfare. (Resigned, August, 1948.)
Miss E. NEVILLE, Almoner, Blind Welfare (Part-time from October, 1948).

Blind Workshops:

E. HILLS, Supervisor.
1 Manageress.

The Laurels:

Miss E. SAMPSON, S.R.N., Matron (from July 5th, 1948).
Miss M. E. JONES, S.R.N., Deputy Matron (from July 5th, 1948).
V. C. FERRIMAN, Senior Male Officer (from July 5th, 1948).
2 Assistant Nurses.
5 Female Attendants.
7 Male Attendants.

Administrative:

H. G. ANNELY, Chief Administrative Assistant.
T. D. THOMSON, Senior Clerical Assistant.
Miss N. J. MARTIN, Medical Officer's Secretary.
Miss J. KING, Chief Sanitary Inspector's Secretary.
L. W. PEARMAN, Clerical Assistant.
Miss C. HAWKEN, Clerical Assistant.
Miss H. M. MITCHELL, Clerical Assistant.
7 Clerks, General Division.
1 Clerk, General Division, part-time.
3 Shorthand Typists, General Division.

CLINICS.

1. *Antenatal.*

East Oxford Centre, Cowley Road.	Tuesday	9.30 a.m.
School Medical Room, 60 St. Aldate's.	Thursday	9.30 a.m.
Bury Knowle, Old High Street, Headington.	Friday	9.30 a.m.
Donnington School, Henley Avenue.	Wednesday	9.30 a.m.

2. *Postnatal.*

Donnington School, Henley Avenue.	First Monday in the month at 2.30 p.m.
East Oxford Centre, Cowley Road.	First Tuesday in the month at 2.30 p.m.
School Medical Room, 60 St. Aldate's.	First Thursday in the month at 2.30 p.m.
Bury Knowle, Old High Street, Headington.	First Friday in the month at 2.30 p.m.

3. *Infant Welfare.*

Bury Knowle, Old High Street, Headington.	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
St. Francis' Hall, Cowley.	Wednesday	2—4 p.m.
Congregational Church, Cowley.	Friday	2—4 p.m.
Donnington School, Henley Avenue.	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
East Oxford Centre, Cowley Road.	Monday	2—4 p.m.
	Friday	2—4 p.m.
Canning Crescent Church Room.	Tuesday	2—4 p.m.
Rectory Room, Pembroke Street.	Friday	2—4 p.m.
Y.M.C.A. Building, Walton Street.	Friday	2—4 p.m.
Northern House, South Parade.	Wednesday	2—4 p.m.
Church Hall, Main Road, Marston.	Wednesday	2—4 p.m.
	Thursday	2—4 p.m.
Village Hall, Wolvercote.	Thursday	2—4 p.m.

4. *Immunisation and Vaccination.*

School Medical Room, 60 St. Aldate's. (Also on application at Child Welfare Clinics).	Saturday	10 a.m.
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5. *Dental.*

School Medical Room, 60 St. Aldate's.	} By appointment.
Bury Knowle, Old High Street, Headington.	
Donnington School, Henley Avenue.	
East Oxford Centre, Cowley Road.	

6. *Scabies.*

Old Isolation Hospital, Abingdon Road.	Wednesday	6 p.m.
	Saturday	10 a.m.

7. *Ringworm.*

School Medical Room, 60 St. Aldate's.	Monday	2 p.m.
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SECTION II

STATISTICS.

SUMMARY.

Area of City	8438 acres.
Population (estimated mid-year 1948)	105,150
Number of inhabited houses, 1948	24,283
Rateable value	£1,028,431
Sum represented by a penny rate, 1948	£4,169
Total cost of all health services	£208,473 gross £137,443 nett.

	<i>City of Oxford</i> <i>Average</i> 1948	<i>England</i> <i>and Wales</i> 1938-47	1948
<i>Marriage rate</i> (per 1000 population) (prov.)	19.8		
<i>Birth rate</i> (per 1000 population) ..	15.48	16.2	17.9
<i>Illegitimate birth rate</i> (% of total births)	6.63	6.47	5.3
<i>Stillbirths</i> (rate per 1000 total live and stillbirths)	13.33	24.97	23.0
<i>Maternal mortality rate</i> (deaths classed to pregnancy or childbirth) per 1000 live and stillbirths ..	1.82	1.34	1.02
<i>Neonatal mortality rate</i> (deaths under one month) per 1000 live and stillbirths	15.71	17.6	
<i>Infant mortality rate</i> (deaths under one year) per 1000 live births ..	23.34	32.07	34.0
<i>Death rate</i> (per 1000 population) ..	8.63	10.38	10.08
<i>Death rate</i> (per 1000 population) from:—			
(a) Diseases of the heart and cir- culatory system	3.22	3.17	
(b) Cancer (all forms)	1.41	1.58	
(c) Pneumonia, bronchitis and other diseases of the respira- tory system .. .. .	.74	1.16	
(d) Tuberculosis (all forms) ..	.40	.51	.51
(e) Violence including suicides	.42	.48	

BIRTHS AND DEATHS IN THE CITY, 1911—1948

Year	Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncor- rected No.	Nett		No.	Rate	of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1000 Nett Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1911	53,148		1013	19.05	747	14.05	102	42	109	107.6	687	12.92
1912	53,548		1026	19.16	672	12.55	91	41	71	69.2	622	11.61
1913	53,948		951	17.62	703	13.03	87	22	79	83.07	638	11.82
1914	54,348		911	16.8	755	13.89	133	30	66	72.4	652	11.99
1915	54,478		865	15.79	777	14.19	142	37	62	71.6	672	12.27
1916	55,148		881	15.97	697	12.64	166	78	59	66.9	609	11.04
1917	*59,193		656	11.08	756	14.23	150	104	57	86.9	710	13.37
	53,104											
1918	*55,472		700	12.62	987	19.94	204	94	44	62.8	877	17.71
	49,508											
1919	*60,071		796	13.25	714	12.38	117	89	47	59.0	686	11.98
	57,666											
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.19
1921	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
1922	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
1929	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
	70,590											
1930	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
	73,810											
1931	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
	80,530											
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63

* Population birth rate.

City Extended 1st April, 1929.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

BIRTHS*Total registered live births:—*

Male	1,458
Female	1,375
	<hr/>
	2,833
	<hr/>

(Illegitimate)	147
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Of the 2,833 births, 1,568 were Oxford residents and 60 births to Oxford residents occurred outside the City, making a total of 1,628 births allocated to the City. Of these 1,520 were legitimate (775 male, 745 female) and 108 were illegitimate (60 male, 48 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY.*(a) According to Notifications*

	<i>Live Births</i>	<i>Still Births</i>
Notified by Midwives	569	3
Notified by Doctors	13	—
Notified by Institutions and Nursing Homes	2265	76
	<hr/>	<hr/>
	2847	79
	<hr/>	<hr/>

(b) According to Place of Birth (Registered Births)

	<i>Resident</i>	<i>Non-Resident</i>
Born in Radcliffe Maternity Home.. .. .	487	863
Born in Cowley Road Hospital	59	14
Born in Churchill Hospital	382	332
Born in Slade Hospital	—	1
Born in Nursing Homes	70	47
Born in Private Houses	570	8
	<hr/>	<hr/>
	1568	1265
	<hr/>	<hr/>

(c) Registered Births in Wards (Oxford City)

<i>Ward</i>	<i>Estimated Population</i>	<i>Live Births</i>	<i>Birth Rate</i>
A. Summertown and Wolvercote ..	12,125	159	13.1
B. North	11,280	129	11.4
C. West	11,260	121	10.7
D. South	10,170	176	17.3
E. East	15,600	215	13.8
F. Headington and Marston ..	19,800	409	20.6
G. Cowley and Iffley	24,915	359	14.4
	<hr/>	<hr/>	<hr/>
	105,150	1568	14.9
	<hr/>	<hr/>	<hr/>

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1948.

(Table of Registrar General.)

CAUSES OF DEATH	All Ages	0-	1-	5-	15-	45-	65-
ALL CAUSES	907	38	6	4	90	200	569
1 Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—
2 Cerebro Spinal Fever	1	—	—	—	1	—	—
3 Scarlet Fever	—	—	—	—	—	—	—
4 Whooping Cough	1	1	—	—	—	—	—
5 Diphtheria	—	—	—	—	—	—	—
6 Tuberculosis of Respiratory System	36	—	—	—	24	8	4
7 Other forms of Tuberculosis ..	6	—	—	1	1	3	1
8 Syphilitic Diseases	6	—	—	—	—	5	1
9 Influenza	3	—	—	—	—	—	3
10 Measles	—	—	—	—	—	—	—
11 Acute Polio-Myelitis and Polio Encephalitis	—	—	—	—	—	—	—
12 Acute Inf. Encephalitis	—	—	—	—	—	—	—
13 Cancer of Buc. Cav. and Oesoph. (M) Uterus (F)	11	—	—	—	1	6	4
14 Cancer of Stomach and Duodenum	24	—	—	—	2	9	13
15 Cancer of Breast	13	—	—	—	3	6	4
16 Cancer of all other sites	100	—	—	—	8	33	59
17 Diabetes	3	—	—	—	—	2	1
18 Intra-cranial vascular lesions ..	102	—	—	—	2	18	82
19 Heart Disease	291	—	1	—	5	48	237
20 Other Diseases of the Circulatory System	48	—	—	—	1	10	37
21 Bronchitis	30	1	—	—	2	4	23
22 Pneumonia	37	8	1	—	1	8	19
23 Other Respiratory Diseases ..	11	1	—	—	3	2	5
24 Ulcer of Stomach or Duodenum ..	9	—	—	—	1	5	3
25 Diarrhoea under 2 years	—	—	—	—	—	—	—
26 Appendicitis	2	—	1	—	—	1	—
27 Other digestive diseases	14	—	1	—	4	2	7
28 Nephritis	17	—	—	—	2	7	8
29 Puerperal and Post-abortive sepsis	2	—	—	—	2	—	—
30 Other maternal causes	1	—	—	—	1	—	—
31 Premature Birth	8	8	—	—	—	—	—
32 Con. malformation. Birth injuries. Inf. diseases	19	17	1	—	1	—	—
33 Suicide	12	—	—	—	5	3	4
34 Road Traffic Accidents	11	—	—	1	6	1	3
35 Other Violence	21	—	—	1	7	6	7
36 All other causes	68	2	1	—	7	15	43

The deaths of Oxford residents registered away from Oxford are included, and the deaths of non-residents registered in Oxford are excluded from the above figures.

CLASSIFICATION OF CAUSES OF DEATH.

The preceding table gives a short analysis of the causes of deaths and the ages at which they occurred. Of the total of 907 deaths, 447 were male and 460 female.

The death rate of 8.63 is the lowest ever recorded for the City. The death rate for England and Wales is 10.8.

There were no deaths from scarlet fever, diphtheria or measles.

RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD.							1948
Radcliffe Infirmary .. .. .	..	..	..	..	..	..	147
Radcliffe Infirmary (Maternity Department)	..	..	..	..	..	..	14
The Slade Isolation Hospital	..	..	..	..	..	..	4
Cold Arbour Isolation Hospital	..	..	..	..	..	..	15
Osler Pavilion and Sunnyside	..	..	..	..	..	..	6
Acland Home .. .. .	..	..	..	..	..	..	14
Wingfield Morris Orthopaedic Hospital	..	..	..	..	..	..	3
Cowley Road Hospital	..	..	..	..	..	..	151
The Laurels .. .. .	..	..	..	..	..	..	18
St. John's Home	..	..	..	..	..	..	5
Nazareth House	..	..	..	..	..	..	1
Warneford Hospital	..	..	..	..	..	..	8
Churchill Hospital	..	..	..	..	..	..	23
Other Institutions and Nursing Homes	..	..	..	..	..	..	5
							<hr/>
							*414

* = 31.17% of total deaths.

RESIDENTS WHO DIED AWAY FROM OXFORD.							1948
Littlemore Mental Hospital .. .. .	..	..	..	..	..	..	13
Other Institutions and Nursing Homes	..	..	..	..	..	..	7
Private Houses	..	..	..	..	..	..	13
Accidents, etc.	..	..	..	..	..	..	7
							<hr/>
							40
							<hr/>

NON-RESIDENTS WHO DIED IN OXFORD.							1948
Radcliffe Infirmary .. .. .	..	..	..	..	..	..	272
Radcliffe Infirmary (Maternity Department)	..	..	..	..	..	..	33
Cowley Road Hospital	..	..	..	..	..	..	21
The Laurels .. .. .	..	..	..	..	..	..	2
The Slade Isolation Hospital	..	..	..	..	..	..	7
Cold Arbour Isolation Hospital	..	..	..	..	..	..	7
Osler Pavilion and Sunnyside	..	..	..	..	..	..	13

Warneford Hospital	4
Wingfield Morris Orthopaedic Hospital	6
Acland Home	15
Churchill Hospital	29
Other Institutions and Nursing Homes	13
Private Houses	17
Accidents	22
	<hr/>
	461
	<hr/>

The following table shows the distribution of the infant deaths and stillbirths during 1948 (excluding inward transfers).

Ward	Estimated Population	Infant Mortality		Stillbirths	
		Number	Rate	Number	Rate
Summertown and Wolvercote	12,125	2	12.58	2	12.42
North	11,280	1	7.75	3	22.73
West	11,260	2	16.53	3	24.19
South	10,170	4	22.73	2	11.23
East... ..	15,600	7	32.56	1	4.63
Headington and Marston	19,800	9	22.00	6	14.46
Cowley and Iffley	24,915	13	36.21	5	13.74
	105,150	38	24.23	22	13.84

82 Inquests were held in Oxford in 1948, of which 41 were on the deaths of residents and 41 on the deaths of non-residents. 9 Inquests were held on the deaths of residents who died away from Oxford.

There is an appreciable decline in the number of deaths from cancer this year; 148 against 182 in 1947, a decrease of 19.7%. This is entirely due to a marked decline in the deaths of females in the age group 45 to 65, and is particularly associated with the female reproductive system.

The following table shows the deaths under various headings for the last eight years compared with 1948.

Prior to 1940, the figures issued by the Registrar General did not list these sub-divisions:—

	1940	1941	1942	1943	1944	1945	1946	1947	1948
Buccal cavity and oesophagus (male)	12	8	8	8	12	6	6	6	3
Uterus (female) ...	14	9	6	9	10	13	14	16	8
Stomach and duodenum—									
Male	18	14	5	11	10	7	12	14	14
Female	12	17	17	12	11	11	6	23	10
Breast	18	21	25	22	26	26	20	18	13
All other sites—									
Male	43	60	42	55	57	57	55	54	57
Female	41	34	50	55	57	53	48	51	43
Totals	158	163	153	172	183	173	161	182	148

The decrease can probably be attributed to earlier diagnosis leading to more successful treatment.

Although it is impossible to forecast the future, it is at least gratifying to note that 1948 has given the lowest number of cancer deaths for ten years.

The following table shows the deaths from cancer by age and sex distribution:—

1948

	All Ages	0–	1–	5–	15–	45–	65–
Male	74	—	—	—	7	27	40
Female	74	—	—	—	7	27	40
Total	148	—	—	—	14	54	80

Analysis of deaths from cancer in 1948 according to the site of the disease:

	MALE						FEMALE					
Ages	0–	1–	5–	15–	45–	65–	0–	1–	5–	15–	45–	65–
Buccal Cavity and Oesophagus (M) ..	—	—	—	—	1	2	—	—	—	—	—	—
Uterus (F) ..	—	—	—	—	—	—	—	—	—	1	5	2
Stomach & Duodenum	—	—	—	1	6	7	—	—	—	1	3	6
Breast	—	—	—	—	—	—	—	—	—	3	6	4
All other sites ..	—	—	—	6	20	31	—	—	—	2	13	28
Total	—	—	—	7	27	40	—	—	—	7	27	40

Under the National Health Service Act 1946, responsibility for the treatment of cancer was transferred to the United Oxford Hospitals on the 5th July, 1948.

SECTION III

GENERAL HEALTH SERVICES.

(a) AMBULANCE SERVICE.

1. Administration.

Under Section 27 of the National Health Service Act, 1946, it became the duty of every local health authority to provide an Ambulance Service within its area. The appropriate paragraphs of the Section read as follows:

Section 27.

(i) It shall be the duty of every local health authority to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant and nursing mothers from places in their area to places in or outside their area.

(ii) A local health authority may carry out their duty under this section either by themselves providing the necessary ambulances and other means of transport and the necessary staff therefor or by making arrangements with voluntary organisations or other persons for the provision by them of such ambulances, transport and staff.

The St. John Ambulance Brigade was already running an ambulance service in the City and the City Council decided to request this organisation to act as their agents under Section 27 (ii) of the Act. The Brigade readily assented and the Oxfordshire County Council also adopted a similar arrangement. In order that the fullest use could be made of the Ambulance staff, and to enable operational administration to be centralised, an agreement was made whereby the Controller was in charge of both City and County Services, and the administrative expenses in connection with the depot were shared equally with the County. This arrangement has proved satisfactory. In August 1948, a Joint Ambulance Committee was formed consisting of three representatives from the City Council, three representatives from the County Council, and four representatives from the St. John Ambulance Brigade. This Committee is responsible for the administration of the service, and any recommendations involving matters of policy and financial expenditure are referred to the respective Health Committees and the Brigade.

It was anticipated that the calls that would be made on the service would far exceed those made prior to 5th July, 1948, when the use of an ambulance was paid for by the patient at the rate of 1/- per mile. The fact that the service was now free to all, together with the knowledge that Oxford is not only a Regional but a National Hospital Centre, indicated that long distance travelling would probably form a major part of the work.

This forecast is borne out by the following figures which show that approximately two-thirds of the patients transported live outside the area of the City.

TOTAL MILEAGE (ALL CASES).

			<i>Ambulances</i>	<i>Sitting Case Cars</i>	<i>Hospital Car Service</i>	<i>Total Mileage</i>
July	..	..	8,143	4,068	6,394	18,605
August	..	..	10,465	7,154	6,259	23,878
September	..	..	11,070	9,729	5,056	25,855
October	..	..	11,914	10,527	7,471	29,912
November	..	..	11,576	10,756	5,929	28,261
December	..	..	11,902	8,704	6,308½	26,914½
			65,070	50,938	37,417½	153,425½

TOTAL MILEAGE (CASES NOT RESIDENT IN THE CITY OF OXFORD).

			<i>Ambulances</i>	<i>Sitting Case Cars</i>	<i>Hospital Car Service</i>	<i>Total Mileage</i>
July	..	..	4,547	2,289	5,211	12,047
August	..	..	5,868	4,356	3,884	14,108
September	..	..	7,069	6,474	3,722	17,265
October	..	..	9,154	6,164	4,953	20,271
November	..	..	6,548	8,145	3,741	18,434
December	..	..	6,920	6,835	3,620	17,375
			40,106	34,263	25,131	99,500

% OF NON-RESIDENT MILEAGE TO TOTAL MILEAGE.

July	..	..	64.2%
August	..	..	59.1%
September	..	..	66.8%
October	..	..	67.8%
November	..	..	65.2%
December	..	..	64.5%

In order that the position of the Council in this matter can be understood, reference should be made to Section 27 (i). Patients are admitted to the Oxford Hospitals from all parts of the British Isles, and while it is the duty of the local health authority in which the patient resides to provide transport to hospital, it becomes the duty of the Oxford City Council to provide such transport when the patient is discharged.

2. Ambulance Depot.

Whilst the siting of the Ambulance Depot at the Churchill Hospital is satisfactory, the existing premises are far from adequate. The Nissen Huts used as office, day room, and night room accommodation are all most unsuitable for the purpose. The garage accommodation is unsatisfactory and inadequate in that all the ambulances cannot be housed and several have to be left in the open to the detriment of the vehicles, particularly in the winter months. It is hoped that a new ambulance station will shortly be built on an adjoining site.

Some doubt has been expressed as to whether the Ambulance Depot is in fact in the best geographical position to enable the vehicles to reach any point within the City with the minimum of delay, and also to serve the requirements of the hospitals without incurring excess mileage involving wastage of petrol and oil and, most important of all, manpower.

With regard to the former, easy access is obtained to the Northern By-pass trunk road which enables vehicles to reach the northern part of the city in far less time than travelling through the main thoroughfare of the city. The eastern part of the city, which has the greatest population and is the industrial centre, is within close proximity. The south and west parts of Oxford are far less populated and when the Northern By-pass road is extended to link up with the Southern trunk road, it will be possible to reach these parts of the city without having to pass through the congested central area. The majority of the hospitals are situated east of the city and are within a mile of the Depot. The Radcliffe Infirmary, Eye Hospital, and Cold Arbor are exceptions, but these will eventually disappear from their present sites when the scheme for their rebuilding in the Headington district materialises.

3. Staff.

Prior to 5th July, 1948, two administrative staff were employed, namely, a resident depot supervisor and one clerk. The ambulance personnel consisted of 12 driver/attendants. In order to deal with the increased demand and responsibility the staff has been increased in all directions and at the end of the year consisted of:—

- 1 Controller (City and County Ambulance Service).
- 1 Deputy Controller.
- 5 Clerk/Telephonists.
- 24 Driver/Attendants.
- 1 Mechanic.

In addition to the permanent staff, volunteer members of the St. John Ambulance Brigade attend the Depot in the evenings and carry out driver/attendant duties when necessary.

4. Vehicles.

None of the 10 ambulances and 2 sitting case cars in use on 5th July were less than four years old. Early consultation took place with local motor agents and as a result one new ambulance and one new car were received in 1948. This was a great relief. Three other ambulances and two cars have been ordered. At the end of the year the Ambulance Fleet consisted of:—

11 Ambulances,
3 Sitting Case Cars.

Of the 11 ambulances, 3 are ex-army type vehicles and are on loan from the home Ambulance Unit.

It was obvious that in order to cater for cases to be transported by car, it would be necessary to enlist outside assistance. The Council, therefore, made arrangements with the Hospital Car Service, a section of the Women's Voluntary Services, for the provision of cars to augment the service until such time as an adequate number of vehicles are owned by the Council. This service has done admirable work, and without its help and the friendly co-operation of the Organiser, the Ambulance Service would have found great difficulty in carrying out its obligations.

Repairs to the vehicles in the Ambulance Service are carried out by the Transport Section of the City Engineer's Department. The whole-time service of one mechanic is allocated for the work. The age and inadequate number of vehicles, and the heavy mileage made it inevitable that the question of repairs would present a major problem. The Mechanical Engineer in charge of the Transport Section has done most valuable work. Ambulance repairs have received first priority and the mechanic has on numerous occasions visited "car breakers" in order to obtain spares for the vehicles. Without this helpful co-operation together with a willingness at all times to attend promptly to the repair of the vehicles, whether of a major or minor character, the service would indeed have fallen into a state of chaos.

5. Activities.

The table that follows gives details of the number of patients transported together with the mileage covered in the case of Ambulances, Municipal Sitting-case Cars and the Hospital Car Service.

SUMMARY OF THE WORK OF THE AMBULANCE SERVICE.

5th July, 1948—31st December, 1948.

	AMBULANCES				MUNICIPAL SITTING-CASE CARS				W.V.S. HOSPITAL CAR SERVICE				TOTALS	
	No. of cases removed	Mileage	Average No. of patients per day	Average No. of miles per pat.	No. of cases removed	Mileage	Average No. of patients per day	Average No. of miles per pat.	No. of cases removed	Mileage	Average No. of patients per day	Average No. of miles per pat.		
Month, 1948														
July 5th—31st	776	8143	25.0	10.49	255	4068	8.22	16.0	392	6394	12.6	16.3	1423	18605
August ...	1685	10465	54.35	6.21	308	7154	9.9	23.2	283	6259	9.1	22.1	2276	23878
September ...	1577	11070	52.56	7.02	361	9729	12.0	26.9	355	5056	11.8	14.2	2293	25855
October ...	2028	11914	65.41	5.87	457	10527	14.7	23.0	573	7471	18.4	13.0	3058	29912
November ...	1335	11576	44.5	8.67	536	10756	17.86	20.06	611	5929	20.36	9.7	2482	28261
December ...	1155	11902	37.25	10.30	477	8704	15.38	18.24	619	6308½	19.96	10.19	2251	26914½
Total ...	8556	65070	46.5	7.60	2394	50938	13.01	21.2	2833	37417½	15.4	13.2	13783	153425½

Six months 1st January, 1948—4th July, 1948, cases removed 3936 Mileage 44226
Six months 5th July, 1948—31st December, 1948, cases removed 13783 Mileage 153425½
Increase following National Health Service Act, 1946, cases removed 350% Mileage 320%

Much detail is hidden in these figures, such as the long distance journeys undertaken, the picking up and return of other local authority patients *en route*, and arrangements with other authorities for the refuelling of vehicles. An indication of the long distance journeys that have been undertaken can be gained from the following few examples, Newcastle 580, Holyhead 450, Woolacombe 379, Carmarthen 351, Llanelly 348, Aberystwyth 328, Bolton 323, Swansea 319. Journeys such as these necessitate both a vehicle and 2 drivers being away for 2 days.

In the case of long distance runs, the local authority in whose area the destination lies is always contacted to ascertain whether there may be a patient for the return journey. Not only does this save the vehicle returning empty, but it provides revenue for the Council as the local health authorities concerned refund on a cost per mileage basis.

In connection with the removal of patients from hospitals it was found after a preliminary period of working that the best and most economical use was not being made of the ambulances and cars, in that journeys were being duplicated unnecessarily, and there was often a long period of waiting at the hospital. Consultation therefore took place with the United Oxford Hospitals with a view to the appointment by them of a Transport Clerk to co-ordinate the ordering of ambulances and cars for all the hospitals under its control. An appointment was made in November, 1948, and a great improvement has resulted.

The removal of patients from their own homes has presented little difficulty. Apart from certain emergencies, the general medical practitioner has himself ordered transport where necessary and all doctors have been most helpful in this respect.

The transport of cases of infectious diseases is now one of the responsibilities of the Ambulance Service. From 5th July to October, the ambulance used for the purpose of conveying infectious diseases cases to hospital was stationed at the Slade Hospital, although it was attached to the Ambulance Service. This arrangement was not very satisfactory as the potential maximum use of the vehicle was far greater than the number of infectious disease cases. Therefore in November, when the resident driver left to take up employment in another section of the Department, it was deemed desirable to incorporate this vehicle in the main ambulance service at the Churchill Hospital.

The responsibility for providing an Accident Service was transferred from the City Police to the Ambulance Service on 5th July, 1948. An ambulance previously housed at the Central Police Station was transferred to the Ambulance Depot at the Churchill Hospital. Prior to the appointed day, consultation took place with the Chief Constable in order to ensure co-operation between Police and Ambulance at the scene of an accident. All accidents are classed as "emergencies" and in order to maintain the speed and efficiency which hitherto existed, it was arranged with the Post

Office Telephones, for the installation of a special line at the Ambulance Depot for the reception of emergency calls only, including any 999 calls for ambulances previously received by the police. This special line has proved to be of inestimable value. One other important point that needed consideration was the question of the attendance of a policeman at the scene of the accident. Before the appointed day no difficulty was experienced as the driver and attendant of the ambulance were police constables and particulars of the accident could be taken upon arrival. It was therefore agreed that in every case when an accident call was received at the Depot, the caller should be asked if a policeman was present. In the absence of a definite reply in the affirmative, the operator is instructed to call the Central Police Station giving the relevant particulars. This arrangement has proved satisfactory, and in those cases where an ambulance has arrived before a police constable, the attendant has taken charge of the incident.

During the period 5th July to the 31st December, 265 emergency calls were dealt with in the city and fringe areas located as follows:— (a) Central (within the circle Magdalen Bridge, Folly Bridge, the Station and St. Giles') 69; (b) North of St. Giles' 44; (c) South of Folly Bridge 12; (d) East of Magdalen Bridge 124; (e) West of Station 16. It will be seen that practically half the emergency calls are received from east of Magdalen Bridge which is further justification for the present site of the Ambulance Station.

(b) LABORATORY SERVICE.

Bacteriological examinations.

During the current year as in previous years the examination of specimens from cases of infectious disease and wherever necessary from suspected contacts and carriers has been done by the Public Health Laboratory Service. There have been no large epidemics of any of the diseases which can be investigated bacteriologically, but the staff of the Health Department and of the Public Health Laboratory have co-operated closely in the investigations which are necessary for the efficient day-to-day control of infectious disease in a modern community.

Analytical examinations.

The analytical examination of samples taken under the Food and Drugs Acts is undertaken by Dr. Alan Stewart, the Public Analyst appointed by the City Council, at The Royal Institute of Public Health and Hygiene, London.

(c) HEALTH VISITING.

Duties of Health Visitors under the National Health Service Act, 1946.

Since July 5th, 1948, the scope of the Health Visitors' work has been enlarged to include the whole family. This is progressively leading to

better co-operation with the hospital services and with the general practitioners. Reports on patients and their home background are compiled for the information of the hospital staff and follow-up visits to patients discharged from hospital are undertaken.

Liaison between Maternity Hospitals and Health Visitors.

Arrangements have been made for selected Health Visitors to visit the lying-in wards of the Radcliffe Maternity Home and the Churchill Hospital once a week. Mothers are advised when to expect the Health Visitor and information is given as to the nearest Child Welfare Clinic. The Health Visitor passes on to her colleagues any relevant information which will assist them when paying their first visits to the home.

Liaison between the Paediatric Department and the Health Visitors.

Health Visitors attend two paediatric out-patient sessions at the Radcliffe Infirmary and one at the Churchill Hospital each week.

Home Visits paid by Health Visitors during the year.

To infants under one year	..	..	..	7,768
To children between 1 and 5 years	..	..	..	10,760
To sick children (infection control)	..	..	..	1,626
Others*	..	..	..	8,332
Total	..	..	..	28,486

* "Other" includes:—

Boarded-Out Children.	Aged and Infirm.
Children pending adoption.	Tuberculosis.
School Medical.	Miscellaneous.
Cleanliness.	Removals.
Housing.	No access.

These categories have not been included in previous annual reports. The corresponding figure for 1947 was 6,862.

Teaching of Student Health Visitors.

385 home visiting sessions were arranged for 15 students taking the Health Visitors Training Course organised by the Oxfordshire County Council. Members of the staff of the Health Department lectured to the students and practical instruction was given to them at the various types of clinic.

Teaching of Nursery Students.

Lectures by members of the staff and instruction in practical work were given to students taking the National Nursery Examination Board course.

Parentcraft Teaching.

Three courses on parentcraft, each of eight to nine sessions, were held at Botley Road Day Nursery during the year. The courses were attended by ante-natal and post-natal mothers who were instructed in:—

- Care of the expectant mother.
- Care of the baby.
- Needlework and knitting.
- Laundry.
- Cooking.
- Preparing the layette, pram and cot.
- General care of the children and the home.

Child Life Protection.

Under the provisions of the Children Act, 1948, the general supervision of boarded-out children and children pending adoption (the latter only in the case of third-party arrangements) was transferred to the Children's Officer. Babies in both categories under the age of one year remain under the care of the Health Visitor who reports on each case to the Children's Officer at six-weekly intervals. At the end of the year there were three such children in the first category and two in the second.

(d) HOME HELPS.

The Service continued to develop during 1948. In August the office was moved to larger premises in Ebor house, and the administration of this section has now been properly established. The staff consists of the Organiser, Deputy Organiser, Finance Clerk and Shorthand Typist. By the end of the year there were 59 Home Helps of which 41 were full-time and 18 part-time (an increase of 6 full-time and a decrease of 2 part-time compared with 1947).

A total of 830 applications for home help were dealt with in the twelve months under review, the amount of help required by each case varying from a few hours to many weeks. This was an increase of 143 over 1947. Maternity cases again proved rather more than half the total. Medical cases included a variety of domestic emergencies caused by accidents or illness. A number of long-term chronic sick and aged and infirm cases were undertaken, and three Home Helps have been selected for tuberculosis work.

Section 29 of the National Health Service Act lays down the principle that a charge must be made for the Home Helps Service. Considerable difficulty has been experienced in devising a method of assessment which enables the full cost to be charged to those who can afford it and at the same time avoids hardship for those in the lower income groups. An additional problem arises in relation to maternity cases in that confinement at home, with a charge for a Home Help, is substantially more

expensive for the mother than confinement in hospital. In view of the shortage of hospital beds this may naturally lead to unfair discrimination between families in comparable social circumstances. The method of assessment in operation at the end of the year, namely a modification of that suggested by the Association of Municipal Corporations, was found to be far from satisfactory. Further attempts are therefore being made to devise a scheme which will operate more equitably.

Eleven Home Helps took and passed the Diploma of the National Institute of Houseworkers, three of them with credit. At the end of the year a total of 17 members of the staff held the Diploma.

In order to broaden the knowledge of the Home Helps, various courses were arranged for them during the year. Members of the staff of the Health Department gave lectures on the following subjects:—

- (1) Hygiene in the Home.
- (2) First Aid.
- (3) The avoidance of infection.
- (4) The work of the Home Help in relation to domiciliary midwifery.
- (5) The work of the Health Visitor.

In addition the Southern Electricity Board was most helpful in providing, free of charge, both demonstrations and practical lessons in cookery.

(e) HOME NURSING.

Under the National Health Service Act, 1946, the Local Health Authority was made responsible for the provision of a home nursing service. This duty was discharged by arranging for the Oxford District Nurses' Association to carry out the work on behalf of the City. Four members of the Health Committee and the Medical Officer of Health are also members of the District Nurses' Association Committee.

Number of cases attended by Home Nurses during the period 5th July—31st December, 1948	1,154
Number of visits paid by Home Nurses during the period 5th July—31st December, 1948	27,667
Number of Home Nurses employed at 31st December, 1948:	

- | | |
|--|----|
| (a) Full-time (including 4 Queen's Candidates, one of whom was a male nurse) | 16 |
| (b) Part-time | 1 |

The service, although very hard pressed at times, managed to answer all requests for help.

The Oxford District Nurses' Association is recognised as a Key Training School for Queen's Nurses but there has been a shortage of candidates coming forward for training. One Course was held towards the end of the year and the staff of the Health Department provided many of the lecturers,

Each of the three Nurses' Homes at 39/41 Banbury Road, 1 Southern Road, Headington, and 23 Hollow Way, Cowley, keeps a small stock of nursing equipment to lend to patients in need of it. This has been supplemented by the Medical Loan Depot of the British Red Cross Society at 22 St. Margaret's Road, to whom a grant is made to cover the salary of a full-time equipment clerk.

(f) NURSING HOMES AND AGENCIES.

(i) The following Nursing Homes were on the Register during the year:—

	<i>Maternity Cases</i>	<i>Other Cases</i>
St. Anne's Nursing Home, Ambleside Drive..	7	—
Castle Nursing Home, 7 Davenant Road ..	—	3
Restholme Nursing Home, 230 Woodstock Road	—	10

A total of 11 inspections were made by members of the staff of the Health Department.

(ii) The following Agencies for the supply of Nurses were on the Register during the year:—

The Acland Nursing Home, Banbury Road.

The Regent Nursing Home, Moreton Road (until November).

(g) CONVALESCENCE.

The question of what constitutes "convalescent" treatment has been the subject of much controversy, and the position at the moment is still not clearly defined.

In general it is the duty of the Hospital Boards to provide convalescence for patients needing regular medical or nursing care. The duty of Local Health Authorities under Section 28 of the National Health Service Act, 1946, is to arrange convalescence for persons requiring mainly rest, good food and fresh air. This type of convalescence provided at "holiday homes" is preventive in design and is of great value to mothers whose health has been impaired by childbirth and to children suffering from debility.

Prior to 5th July, 1948, no difficulty was experienced in obtaining accommodation in suitable convalescent homes, whether by the sea or elsewhere, but since the coming into operation of the National Health Service Act, 1946, many convalescent homes have been transferred to various Regional Hospital Boards and in consequence the accommodation available for Local Health Authority cases is limited.

In this region there have never been many convalescent homes. The following is the present position:—

(a) *Transferred to Regional Hospital Board.*

Freelands Auxiliary Hospital (British Red Cross Society). Cold

Ash Children's Hospital. Marlborough Children's Convalescent Home.

- (b) *Not transferred but Regional Hospital Board accept responsibility for the cost of maintenance.*

Buck Hill Convalescent Home (British Red Cross Society).

Ashton Wold Convalescent Home (British Red Cross Society).

- (c) *Available for Local Authority use.*

Chelworth House Convalescent Home. This home which belongs to the Swindon Borough Council has since the end of the year ceased to take other local authority patients.

In effect there is now no convalescent home in this region available for the use of Oxford patients and it is not easy to obtain vacancies in convalescent homes situated in other regions.

Three sections of the Department are responsible for arranging convalescent treatment when this is recommended by a doctor.

The Superintendent Health Visitor deals with cases in respect of mothers and children of pre-school age; the Almoner with tuberculosis patients; and the Chief Welfare Services Officer is responsible for the aged and handicapped persons.

The cases from each section are collated monthly and submitted to the Health (General Purposes) Sub-Committee for approval. Each case is assessed according to a scale recommended by the Association of Municipal Corporations.

The question of payment by a patient sent for convalescent treatment by a local authority has on occasion been the subject of mis-understanding and it has been difficult to convince patients that some payment towards the cost must be made if financial circumstances warrant it. Such mis-understanding can be appreciated when it is realized that convalescent treatment prescribed by Hospital Boards is provided free, whereas Local Health Authorities providing convalescence under Section 28 make a charge.

From the 5th July, 1948, to the end of the year 16 patients were sent away for convalescence:—

- 5 mothers
- 4 children
- 3 blind persons
- 2 tuberculous persons
- 2 aged persons.

The following convalescent homes were used:—

Chelworth Convalescent Home nr. Swindon.

Beau Site ,, ,, Hastings.

Merlyn ,, ,, Lancing on Sea.

St. Michael's ,, ,, Westgate-on-Sea.

Rest Haven	„	„	Exmouth.
Ascot Priory	„	„	Ascot.
Maitland Sanatorium			Frinton on Sea.
York Lodge Nursing Home			Seaford.

The total cost to the City Council was £167.

(h) HEALTH CENTRES.

Although the Minister of Health has informed Local Authorities that the building of Health Centres must be postponed, he has intimated that a certain number of experimental centres will be approved in selected areas.

With this in mind, the Local Medical Committee has been approached and has appointed a Sub-Committee of general medical practitioners to discuss with the Medical Officer of Health the possibility of such a centre being built in Oxford. As other professional bodies are interested in such a project, the Sub-Committee have agreed to co-opt representatives of the Local Dental and Pharmaceutical Committees.

The Sub-Committee has had two most valuable meetings. Views have been freely expressed and ideas exchanged and progress has been made towards firm proposals for the siting of Health Centres and for an outline plan of an individual centre.

When these discussions at the professional level are sufficiently advanced, it is hoped to bring forward a definite scheme for the approval both of the City Council and the Local Executive Council.

(i) HEALTH EDUCATION.

Members of the Health Department have given talks and taken part in discussions on health topics with clubs, associations and other interested organisations in the City; at some of these meetings the subject matter has been illustrated by sound films.

As a result of the coming into operation of the National Health Service Act in July, 1948, public interest was stimulated and many requests for talks on the new legislation were acceded to by the staff.

Use has again been made of leaflets and pamphlets published by the Central Council for Health Education and these have been distributed to the public through Clinics, Libraries and at meetings.

In September, the department accepted an invitation to exhibit at the Association of Scientific Workers' Exhibition in the University Laboratories. This year emphasis was laid on rehabilitation and occupational therapy. Work done by the blind at the Blind Workshops; by the mentally defective at Borocourt and the Occupation Centre; by in-patients at Littlemore Hospital, and by patients suffering from tuberculosis, was shown. In addition, plaster casts showing the good results achieved by orthodontic treatment were exhibited. The new Track

equipment used by the Remedial Gymnasts for the correction of postural and other defects was also on view, while other exhibits helped to demonstrate to the public the diverse work of the department.

A course of five talks entitled "Your Children and You" and illustrated by sound films was held at Donnington School in October and November. These talks were given by members of the staff and were exceptionally well attended.

The following is a detailed list of other talks given by members of the department throughout the year:—

February

- | | |
|----------------------------|-------------------------------------|
| "The Health Services", | Headington Wesley Guild. |
| "Health and Happiness", | Rose Hill Community Centre (Girls). |
| "Sanitary Administration", | Rose Hill Residents' Association. |

March

- | | |
|----------------------------|-------------------------------------|
| "You and Your Children", | Marston Girls' Club. |
| "Your Children's Meals", | Cowley Congregational Church. |
| "Principles of Health", | The Torchbearers' Club. |
| "Family Life", | Temple Cowley. |
| "Public Health Services", | St. Andrew's Church Guild. |
| "Health and Happiness", | Rose Hill Community Centre (Girls). |
| "Sanitary Administration", | South Oxford Men's Forum. |

April

- | | |
|--|----------------------------|
| "The Trained Nurse in the
Public Health Service", | Women's Auxiliary Service. |
|--|----------------------------|

June

- | | |
|--|---|
| "How Life is Passed On", | Two talks to the Junior Girls' Club, Rose
Hill Community Centre. |
| "General Health and Skin
Diseases", | Headington Townswomen's Guild. |

July

- | | |
|---------------------------------------|-------------------|
| "The National Health Service
Act", | The Barnett Club. |
|---------------------------------------|-------------------|

September

- | | |
|--------------------------------------|------------------------------------|
| "Symptoms of Dangerous
Diseases", | Deaf and Dumb Conference. |
| "The New Health Services", | Temple Cowley Women's Labour Club. |
| "Health and Beauty", | Kennington Girls' Club. |

October

- | | |
|---|-----------------------------------|
| "Functions of a Public Health
Department", | Co-operative Managers' Assoc. |
| "The National Health Service
Act", | East Oxford Women's Co-op. Guild. |

"Prevention of Infectious Diseases in Young Children", Rose Hill Nursery Parents' Association.

"Health and Beauty", Comrades' Girls' Club.

"Ice Cream", Oxford Branch Ice Cream Alliance.

November

"Sleep", Beech Road Nursery Mothers' Club.

"Municipal Midwifery Service", St. Clement's Mothers' Union.

"Environmental Hygiene", Young Men's Christian Association.

December

"The National Health Service Act", The Rotary Luncheon Club.

"Personal Fitness", The Rover Scouts.

"Infections", Slade Nursery Mothers' Club.

In view of the fact that Oxford is a University Centre, senior members of the staff of the department are called upon to take part in the formal instruction of Medical Students, Health Visitors, District Nurses, Midwives Nursery Nurses, etc.

This arrangement has proved of mutual advantage to staff and students.

The following is a list of instruction undertaken during the year:—

Dr. Warin

"Infectious Diseases" (weekly lecture and ward round at The Slade), Medical Students. Clinical Instruction.

"Functions of a Public Health Department", Medical Students (Course of Public Health and Social Medicine).

"Personal and Environmental Factors affecting Health", Central Council for Health Education Course for Public Health Nurses.

"Central and Local Government", } District Nurses' Training Centre.

"National Health Service Act", }

"Infectious Diseases—A Biological Approach", Central Council for Health Education Course for Sanitary Inspectors.

"Health Centres", The Institute of Colonial Studies Course for Colonial Students.

Dr. Gourlay

"First Aid in the Home", Home Helps.

(5 lectures)

"Infectious Diseases", Nursery Nurses' Training Course.

(10 lectures)

"Public Health and School Health Services", District Nurses' Training Course.

(7 lectures)

"Maternity Services",
(3 lectures)

Dr. Fisher

"Child Welfare" (weekly at Don-
nington Welfare Clinic),
"Infant Feeding",

"Postnatal Care",
"Problems of Childhood",

"The Maternity and Child Wel-
fare Services" (2 lectures)

"Maternity and Child Welfare
Administration"

"Maternal Care",

"Child Care"

(22 lectures)

"Maternity Services",
(5 lectures)

"Medical Services under the
National Health Service Act",

"Antenatal and Postnatal Ser-
vices" ,

Dr. Kent

"Hygiene of Marriage",
(2 lectures)

"Health and Happiness",
(3 lectures)

Mr. Allin

"Care of Children's Teeth in the
Dental Service"

Miss Needham

"Municipal Midwifery Service",
"Antenatal Care"

Miss Brown

"Work of the Health Visitor",
(3 lectures)

Mr. Swift

"Housing",

Part II Pupil Midwives.

Medical Student's Clinical Instruction.

Women's Public Health Officer's Sum-
mer School.

College of Midwives' Summer School.

Central Council for Health Education
Course for Public Health Nurses.

Medical Students (Course in Public
Health and Social Medicine).

Health Visitors' Training School.

Part II Pupil Midwives.

Nursery Nurses' Training Course.

Nursery Nurses' Training Course.

Health Visitors' Training School.

National Institute of Houseworkers.

Nursery Nurses' Training Course.

Nursery Nurses' Training Course.

National Institute of Houseworkers.

National Institute of Houseworkers.

SECTION IV

INFECTIOUS DISEASES AND INFESTATION.

(a) EPIDEMIOLOGY.

Smallpox.

No cases of smallpox were reported in Oxford during the year.

Scarlet Fever.

The incidence of scarlet fever was the lowest ever recorded, only 76 cases being notified. The disease continued to be of a very mild type and as a consequence few complications arose among those affected and there were no deaths.

The downward trend in virulence noted during recent years has continued and to-day scarlet fever is little more than a mild sore throat with a rash. Most cases can be nursed at home.

Diphtheria.

Only 2 cases of diphtheria were notified. One patient in the 10—15 age group had never been immunised and the other, in the 20—35 age group, had been immunised in childhood but had not had a "Booster" injection. Both cases were mild.

Typhoid and Paratyphoid Fevers.

One case of typhoid fever was notified in June. The patient was transferred from the Radcliffe Infirmary to the Slade where the diagnosis was confirmed. The source of infection was a child in Leopold Medical Ward in the Radcliffe Infirmary.

The necessary steps were taken to investigate and protect the nursing staff, and all children who had been in contact with the case were traced and the appropriate Medical Officer of Health informed. As a result of the precautions taken no further cases of typhoid fever eventuated.

There was also one case of paratyphoid B fever. The infection occurred in an undergraduate aged 20 years. He was admitted to the Slade Hospital on the 1st February and made a good recovery. The history of the case showed that the infection was probably contracted in Hertfordshire.

Poliomyelitis.

This year has seen a great reduction in the incidence of poliomyelitis both in Oxford and throughout the country. Only 8 cases were notified compared with last year's figure of 21. Of these 8 cases, 5 resided within

the City and of these two made a complete recovery and were discharged to their own homes from the Slade Hospital; two were transferred to the Wingfield-Morris Orthopaedic Hospital for further treatment and one case was still in the Slade at the end of the year.

One case of polioencephalitis was notified. This was a transfer from the Horton General Hospital, Banbury, to the Radcliffe Infirmary where the diagnosis was confirmed.

Cerebro-Spinal Fever.

Four cases were notified of which two resided in the City—both made complete recoveries. The other two were admitted from the County to the Radcliffe Infirmary where the diagnosis was made.

Measles.

The incidence of measles reached epidemic proportions in the spring and early summer. The notifications were as follows:—

February 35, March 165, April 135, May 425, June 342, July 235, August 80, September 21. A total of 1472 cases were notified during the year.

On the whole the disease was mild and no deaths were reported. Proportionately the largest number of cases occurred in the Headington Ward and the second largest number occurred in the Cowley and Iffley Ward.

Whooping Cough.

Out of 573 notified cases of whooping cough, only one death occurred and that was an infant under 1 year of age.

The following table shows the number of cases which occurred in the different age groups:—

<i>Number of cases</i>	<i>Age Group</i>
51	Under 1 year
79	1—2 years
104	2—3 years
96	3—4 years
80	4—5 years
145	5—10 years
8	10—15 years
5	20—35 years
3	35—45 years
2	45—65 years

Dysentery.

There were 26 cases of dysentery notified, 18 of which were residents in the City. No deaths occurred during the year. In every case the causative organism was of the Sonne type.

Six of the cases were admitted to the Slade Hospital from the Kirtlington Park Children's Home and six were admitted from Summerfields School.

Food Poisoning.

Thirteen isolated cases of salmonella infection were notified of which 7 were City cases. No connection could be established between the different episodes and there were no deaths.

The following table shows the type of organism found:—

5 City cases	Salmonella Typhi-murium.
2 City cases	Salmonella Concord.
2 County cases	Salmonella Typhi-murium.
1 County case	Salmonella Anatum.
1 County case	Salmonella Cholera Suis.
2 County cases	Unidentified Salmonella.

In June there were 8 cases of nausea and vomiting reported among the boarders at Headington School for Girls. The illness was of short duration. Samples of suspected food and specimens of faeces were examined bacteriologically, but no pathogenic organisms were isolated.

In July, 8 cases of vomiting and diarrhoea occurred among the medical and other staff at the Park Hospital and salmonella morbificans was isolated from the faeces of those affected. After investigation a pudding made of sour milk, butter, egg, jam, sugar and cream (top of the milk) which had been eaten by all the sufferers was thought to be the cause, unfortunately no remains of the pudding were available for examination and so no positive bacteriological proof was obtained. Some of those affected continued to excrete the organism for a considerable time after convalescence but no secondary cases resulted.

In September, there was an outbreak of diarrhoea accompanied by abdominal pain among the masters and pupils of the Boys' High School and the School of Technology, Art and Commerce. About 90% of those who partook of a meal prepared at the school canteen adjoining the Boys' High School were affected. The average time between the ingestion of the meal and the onset of symptoms was 18 hours. The illness was of very short duration and the majority of sufferers were able to return to school the day after eating the meal. On investigation no positive proof was obtainable as to the offending article of food but suspicion pointed to the meat which had been used to make a shepherd's pie. Bacteriological examination of the faeces obtained from some of the sufferers did not reveal the presence of any pathogenic organism.

As a consequence of this outbreak a consultation between the Catering Officer, Dr. Knox of the Public Health Laboratory and officers of the department, resulted in the making of certain recommendations regarding

the preparation of canteen meals. It was also decided to make a survey of all canteens in the City and this is proceeding.

A week later another outbreak occurred among the staff and children who ate a dinner prepared at 213 Cowley Road. The number affected was 44 and the symptoms were similar to those of the outbreak mentioned above. Sufficient detail was not available to incriminate any one article of food with certainty, but suspicion pointed to the gravy which was served with some reheated roast beef. Bacteriological examination did not reveal any organisms of the dysentery or food poisoning group in samples of food or faeces obtained from those affected.

Since the end of September no further outbreaks of diarrhoea and vomiting traceable to school canteen meals have been brought to the notice of the Health Department.

In October there was a small outbreak of sickness and diarrhoea at Milham Ford School. About 25 out of 300 pupils were affected. The symptoms were mild and passed off rapidly. Bacteriological examination of faeces obtained from some of those affected did not reveal the causative organism. On enquiry it was thought that the infection originated outside the school and that the school dinners could be completely exonerated.

A summary of the outbreaks of food poisoning which occurred in the City during the year is given in the following table.

Total Number of Outbreaks	Number of cases	Number of Deaths	Organisms of other agents responsible with number of outbreaks of each	Foods involved with number of outbreaks of each
5	175	Nil	Salmonella morbilligans isolated in one outbreak (8 cases). Bacteriological investigations in the other outbreaks did not reveal the presence of any pathogenic organisms.	In one outbreak thought to be pudding, no remains were available for examination, no secondary cases resulted. In other outbreaks samples of suspected food were examined bacteriologically but no causative organisms were revealed. Suspicion pointed to such varied foodstuffs as dried egg powder, shepherd's pie, gravy, etc.

NOTIFIABLE DISEASES (other than Tuberculosis) since 1930.

DISEASE	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Smallpox ..	—	92	105	143	188	180	245	286	175	145	218	219	252	444	275	304	122	—	—
Scarlet Fever ..	215	90	30	17	21	31	31	11	17	35	32	35	24	14	11	—	5	115	76
Diphtheria ..	210	27	22	29	70	50	38	28	37	24	52	47	36	39	42	32	19	14	2
Erysipelas..	39	45	36	51	33	14	59	28	45	76	107	167	138	95	96	73	72	22	25
Puerperal Pyrexia ..	38	29	26	20	46	28	8	9	4	12	11	4	8	20	9	7	16	53	49
Ophthalmia Neonatorum	18	2	5	8	2	—	3	4	14	3	54	28	12	12	5	2	5	36	59
Cerebro-spinal Fever ..	5	2	1	—	1	1	5	—	3	3	1	—	5	2	—	—	—	13	4
Typhoid Fever ..	2	2	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid "A" ..	—	—	—	—	—	—	3	—	—	—	2	6	1	—	—	1	—	1	—
Paratyphoid "B" ..	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1
Encephalitis Lethargica ..	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Acute Polio-myelitis ..	—	—	3	3	5	1	—	—	34	—	1	27	1	1	7	3	1	21	8
Polio-encephalitis ..	—	—	1	2	4	2	—	1	1	1	—	1	—	—	—	—	—	1	1
Bacillary Dysentery ..	—	—	—	—	—	—	33	13	11	—	—	22	80	44	28	171	9	13	26
Pneumonia ..	—	—	—	—	—	—	—	—	68	38	121	126	109	109	57	97	87	79	60
Food Poisoning ..	—	—	—	—	—	—	—	—	2	—	1808	1	—	—	—	42	3	9	13
Measles ..	—	—	—	—	—	—	—	—	—	43	61	1442	452	1695	136	2199	114	904	1472
Whooping Cough..	—	—	—	—	—	—	—	—	—	22	61	997	61	599	575	244	178	772	573
Pemphigus Neonatorum..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	10	15	17

Notification of Infectious Diseases (other than Tuberculosis) received in the City during 1948.

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town & Wolvercote	North	West	South	East	Headington & Marston	Cowley & Ilffley
Measles ..	1472	39	130	151	225	229	644	17	6	20	8	2	1	93	51	114	175	220	404	415
Whooping Cough ..	573	51	79	104	96	80	145	8	—	5	3	2	—	50	45	73	72	46	132	155
Scarlet Fever ..	76	—	5	2	5	7	29	8	9	7	3	1	—	6	10	8	6	8	23	15
Diphtheria ..	2	—	—	—	—	—	—	1	—	1	—	—	—	1	1	—	—	—	—	—
Pneumonia ..	60	—	—	1	—	1	3	4	4	8	15	13	11	4	20	2	2	7	9	16
Cerebro-Spinal Fever ..	4	2	—	1	—	—	1	—	—	—	—	—	—	—	2	—	1	—	—	1
Acute Polio-myelitis ..	8	—	1	1	—	1	2	—	1	2	—	—	—	—	3	—	—	—	2	3
Polio-encephalitis ..	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—
Typhoid Fever..	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—
Paratyphoid "B"	1	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—
Erysipelas ..	25	—	—	—	—	—	—	—	—	2	2	15	6	1	3	1	—	9	3	8
Bacillary Dysentery ..	26	—	2	1	5	1	6	5	—	4	—	—	2	8	4	1	—	—	2	11
Food Poisoning ..	13	4	1	1	1	1	1	1	—	—	1	2	—	—	3	4	—	—	5	1
Puerperal Pyrexia ..	49	—	—	—	—	—	—	—	4	39	6	—	—	—	29	—	—	1	16	3
Ophthalmia Neonatorum ..	59	59	—	—	—	—	—	—	—	—	—	—	—	—	12	2	1	3	40	1
Pemphigus Neonatorum ..	17	17	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	14	1
	2387	172	218	262	332	320	831	46	25	88	38	35	20	163	188	205	257	294	650	630

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS.

	Radcliffe Infirmary	Wingfield-Morris Orthopaedic Hospital	Churchill Hospital	Slade Hospital	Radcliffe Maternity Department	Eye Hospital
Scarlet Fever ...	2	2	1	—	—	—
Whooping Cough...	1	8	—	4	—	—
Measles ...	8	1	1	2	—	—
Pneumonia ...	16	—	—	—	—	—
Cerebro-spinal Fever ...	4	—	—	—	—	—
Acute Poliomyelitis ...	3	—	—	2	—	—
Acute Polio-encephalitis ...	1	—	—	—	—	—
Dysentery, Sonne ...	1	—	—	6	—	—
Typhoid Fever ...	1	—	—	—	—	—
Food Poisoning ...	3	—	3	—	—	—
Erysipelas... ..	1	—	—	1	—	—
Puerperal Pyrexia ...	—	—	15	—	29	—
Ophthalmia Neonatorum	—	—	33	—	13	7
Pemphigus Neonatorum	1	—	14	—	1	—
Totals ...	42	11	67	15	43	7

(b) HOSPITALS.**The Slade Isolation Hospital.**

With the coming into operation of the National Health Service Act on July 5th, 1948, this fine modern hospital passed from the control of the City Council to the Board of Governors of the United Oxford Hospitals. The loss of this hospital was perhaps the hardest blow of all arising from the new legislation.

Up to July 5th, the hospital was primarily intended for persons living in the City although cases from other Local Authority areas were admitted when necessary. Under the new arrangement cases are admitted from anywhere in the Region and come from a very wide area due to the closing of some of the smaller Infectious Diseases Hospitals in the Region.

The Medical Officer of Health and his deputy were asked by the Board of Governors to continue to be responsible for the clinical supervision and medical administration of the hospital and the City Council realising the advantages of such an arrangement readily agreed.

Apart from the administrative alterations, the routine work of the hospital has continued unchanged and the following is a report prepared by E. W. Moore, M.C., M.B., Ch.B., D.P.H., Resident Medical Officer:—

There were 473 admissions during the year, a decrease of 92 on the previous year—this is largely due to the non-recurrence of the epidemic of poliomyelitis.

Among the infectious fevers, scarlet fever, measles and whooping cough were the chief causes for admission. While cases suffering from these diseases are usually nursed at home, hospitalisation is often requested when complications exist, or when the home conditions are unsuitable for nursing or adequate isolation and/or when the patients are very young. Particularly is this so in the case of whooping cough, where half the deaths attributable to this disease occur in the first year of life. Three of the nine deaths that occurred during the year at the Slade Hospital were cases of whooping cough complicated by broncho-pneumonia: one of these was ten months old and the other two were babies only seven weeks old.

It is a pleasure to record that only two cases of diphtheria were admitted during 1948 as opposed to fifteen in the preceding year. This reflects credit on the immunisation campaign carried out in the infant welfare clinics, the school medical service and by general practitioners. It is to be hoped that a continued low incidence of this disease will not lull parents into a false sense of security, making them think that immunisation of their children is unnecessary—if this occurs diphtheria will once more become one of the chief killing diseases in childhood.

The year 1947 was notable for the epidemic of poliomyelitis, the most

widespread this country has yet experienced, and during that year there were 66 cases, five of whom died, and 35 suspected cases, admitted to the Slade Hospital. Fortunately 1948 did not witness an epidemic of such magnitude and the corresponding figures were 13 cases with no deaths, and seven suspected cases. In the management of these cases the all-important early orthopaedic supervision and treatment are provided as a result of a happy liaison with the staff of the Wingfield-Morris Orthopaedic Hospital.

Cubicle III Ward has continued under Dr. Stobie's supervision to be used for the treatment of early pulmonary tuberculosis, and for the observation and investigation of doubtful cases. The latter are, in the main, children with suspicious chest X-rays, who come from homes where there are known to be cases of tuberculosis. By removing children from their dangerous environments the development of the disease may be prevented or checked. This is not only of direct benefit to the individual, but is indirectly a valuable contribution towards the prevention of this social disease within the community.

As in the previous year shortage of nursing staff has been a great problem and for this reason one of the cubicle wards had to remain closed. But for the assistance rendered by part-time nurses, the other wards could not have remained open. One helpful outcome of the affiliation with the United Oxford Hospitals has been the temporary transfer of nurses from the Radcliffe Infirmary to the Slade Hospital when an urgent need has arisen. The health of the staff has been good and my task has been made easier by their hard work and unfailing loyalty.

Acknowledgements are due to the staff of the Public Health Laboratory for their helpful co-operation in the bacteriological examination of specimens.

Details of cases and deaths are given in the following table:—

Patients in hospital at 1.1.1948	45	Discharges during 1948	..	477
Admissions during 1948	..	473	Number of deaths	.. .. 9
Baby born in hospital	..	1	Patients in hospital at	
			31.12.1948	33
	<hr/>			<hr/>
	519			519
	<hr/>			<hr/>

The Smallpox Hospital, Garsington.

This hospital was also transferred to the Board of Governors of the United Oxford Hospitals on the 5th July. It was not necessary to open the hospital during the year.

Admissions to the Slade Hospital during 1948.

<i>Infectious Fevers</i>						<i>No. of Cases</i>	<i>No. of Deaths</i>
Scarlet Fever .. .. .	..	..	..	..	..	80	—
Measles .. .. .	..	..	..	..	..	56	1
Whooping Cough .. .. .	..	..	..	..	..	44	3
Mumps .. .. .	..	..	..	..	..	24	—
Chicken-pox .. .. .	..	..	..	..	..	21	—
Post chicken-pox encephalo-myelitis .. .. .	..	..	..	..	..	1	—
Poliomyelitis .. .. .	..	..	..	..	..	13	—
Observation for poliomyelitis .. .. .	..	..	..	..	..	7	—
Dysentery (Sonne) .. .. .	..	..	..	..	..	13	—
Gastro-enteritis .. .. .	..	..	..	..	..	12	—
Paratyphoid fever .. .. .	..	..	..	..	..	7	1
Typhoid fever .. .. .	..	..	..	..	..	1	—
Erysipelas .. .. .	..	..	..	..	..	6	—
German Measles .. .. .	..	..	..	..	..	4	—
Glandular fever .. .. .	..	..	..	..	..	3	—
Diphtheria .. .. .	..	..	..	..	..	2	—
Meningitis (pneumococcal) .. .. .	..	..	..	..	..	1	1
Infective hepatitis .. .. .	..	..	..	..	..	1	—
Anthrax .. .. .	..	..	..	..	..	1	—
Puerperal Pyrexia .. .. .	..	..	..	..	..	7	1
Pemphigus Neonatorum .. .. .	..	..	..	..	..	6	—
Ophthalmia Neonatorum .. .. .	..	..	..	..	..	1	—
Tuberculosis and observation of chest .. .. .	..	..	..	..	..	69	—
Miliary Tuberculosis .. .. .	..	..	..	..	..	2	—
Tuberculous meningitis .. .. .	..	..	..	..	..	1	—
? T.B. meningitis ? virus meningo-encephalitis .. .. .	..	..	..	..	..	1	—
						—384	—7
<i>Other Conditions</i>						<i>No. of Cases</i>	<i>No. of Deaths</i>
Mothers accompanying babies .. .. .	..	..	..	..	..	9	—
Babies accompanying mothers .. .. .	..	..	..	..	..	6	—
Baby born in hospital .. .. .	..	..	..	..	..	1	—
Whooping cough contacts .. .. .	..	..	..	..	..	2	—
Measles and/or mumps contacts .. .. .	..	..	..	..	..	7	—
Impetigo, pustular dermatitis and infected scabies .. .. .	..	..	..	..	..	14	—
Septic finger .. .. .	..	..	..	..	..	2	—
Tonsillitis .. .. .	..	..	..	..	..	13	—
Pharyngitis .. .. .	..	..	..	..	..	4	—
Cervical lymphadenitis .. .. .	..	..	..	..	..	3	—
Quinsy .. .. .	..	..	..	..	..	1	—
Laryngitis .. .. .	..	..	..	..	..	2	—

Stomatitis	..	..	..	..	..	3	—
Coryza	..	..	..	..	..	3	—
Bronchitis	..	..	..	..	..	2	—
Bronchiectasis	..	..	..	..	..	1	—
Influenza	..	..	..	..	..	1	—
Trachoma	..	..	..	..	..	1	—
Aneurysm of Aorta	..	..	..	..	..	1	1
Ulcerative Colitis	..	..	..	..	..	1	—
Urethritis	..	..	..	..	..	1	—
Agranulocytosis	..	..	..	..	..	1	1
Tetanus	..	..	..	..	..	1	—
Sciatica	..	..	..	..	..	1	—
Fibrositis	..	..	..	..	..	1	—
Bruised leg	..	..	..	..	..	1	—
Scalds of mouth	..	..	..	..	..	1	—
Subarachnoid haemorrhage	..	..	..	..	..	1	—
P.U.O.	..	..	..	..	..	5	—
						— 90	— 2
						<hr/> 474	<hr/> 9
						<hr/> <hr/>	<hr/> <hr/>

(c) TUBERCULOSIS.

Until the 5th July, 1948, when the National Health Service Act, 1946, became operative, the organisation of the Chest Clinics in Oxford was as follows:—

1. Buildings.

Clinics were held at the Radcliffe Infirmary, the Osler Pavilion and Cowley Road Hospital.

2. Staff.

Dr. W. Stobie continued in his capacity of Consultant Tuberculosis Officer and Dr. Margaret Whitty and Dr. Cynthia Phillips as part-time Assistant Tuberculosis Officers.

Two Tuberculosis Visitors visited patients in their homes and were present at the Chest Clinics.

3. Treatment.

The main function of the Chest Clinics was to act as “clearing houses” for observation cases, for the examination of contacts and as after-care and information bureaux.

Specialised treatment such as Pneumothorax refills and diagnostic and X-ray examinations were carried out in the Out-Patient Department of the Osler Pavilion. The Consultant Tuberculosis Officer, who was also

Honorary Physician to the Osler Pavilion, was responsible for treatment, assisted by the Resident Medical Officer of the Osler Pavilion. Mr. Holmes Sellors and Mr. L. Pile, Thoracic Surgeons, also visited the hospital from time to time.

4. Statistics.

At the end of the year 498 patients were on the Dispensary Register compared with 474 in 1947. The Tuberculosis Visitors paid an average of 228 visits a month compared with 169 in 1947.

Attendances at Clinics:—	1948	1947
New cases	637	459
Old cases	1693	1573
Total attendances including more than one attendance by the same patient	2949	2413
Total attendance at Cowley Road Hospital Contact Clinic	1125	951

X-ray examinations:—

927 X-ray films were taken at the ordinary clinics compared with 823 in 1947, and 741 films were taken at the Contact Clinic compared with 500 films last year. These figures do not include patients who were screened for refills for Artificial Pneumothorax and Pneumoperitoneum.

5. Co-operation.

It is satisfactory to record that general practitioners continued to seek specialised advice for their patients at an early stage in the disease or in doubtful cases.

Hospitals and Sanatoria.

The Osler Pavilion at Headington (a branch of the Radcliffe Infirmary) is a modern Tuberculosis Hospital built, staffed, and equipped for the purpose. The City reserved 26 beds and these were kept fully occupied. There were also 14 beds in Cold Arbour Hospital and 14 beds were provided in the Slade Hospital for observation cases.

The Wingfield-Morris Orthopaedic Hospital admits cases of Bone and Joint Tuberculosis.

The Eye Hospital takes in cases of Tuberculosis of the eyes.

Suitable cases are also sent to Sanatoria and Village Settlements outside the City.

The year's work in the Sanatoria was marked by the introduction of several new drugs for the treatment of specific types of tuberculosis. So far the results are promising. It is to be hoped that medical treatment will develop and become a valuable aid in the control of tuberculosis.

Shortage of nursing staff has been a great problem and many beds

would have had to have been closed without the co-operation of part-time nurses.

New Cases (See Table A).

In addition to the cases notified in the ordinary way, the new cases include 27 "transfers" from other areas, 1 case where the information was obtained from the Local Registrar's Weekly Death Returns, 5 posthumous notifications and 1 transferable death.

Deaths (See Tables A and B).

There were 42 deaths from Tuberculosis compared with 44 in 1947.

Notification Register.

An analysis shows that of the 173 new cases notified in the year there were only 2 patients who did not make use of the facilities provided by the City Council.

The average number of notifications during the past ten years was 158.1 compared with 123.6 in the previous ten years. (See Table C).

Institutional Treatment.

Table D shows the number of patients who received institutional treatment but does not include patients admitted to London Road Hospital or Cowley Road Hospital.

Of the total (225) 72 were in institutions on January 1st, 1948, and 66 were in institutions on December 31st, 1948.

25 of the total (225) died in various institutions as shown below:—

Cold Arbour Hospital	..	15
Osler Pavilion	.. ..	7
Radcliffe Infirmary	.. ..	1
Wingfield-Morris Hospital	..	1
Peppard Sanatorium	..	1

X-ray Examinations.

It is the practice to submit to radiological examination all new patients after their first attendance at the Clinics; old patients at periodic intervals, and all contacts at their first attendance.

Extra Nourishment.

One or two pints of milk per day can be given free to patients if they are financially in need. The number of patients receiving free milk on December 31st, 1948, was 60.

Public Health Act 1936, section 172 (Compulsory removal to hospital of persons suffering from pulmonary tuberculosis).

No action was taken under this section of the Act during the year.

Public Health (Prevention of Tuberculosis) Regulations 1925 (Compulsory removal from employment of persons suffering from pulmonary tuberculosis and working in connection with the handling of milk).

No action was taken under these Regulations during the year.

Since the 5th July, 1948, the responsibility for the provision of hospital beds and for the treatment of tuberculosis has passed from the City Council to the Board of Governors of the United Oxford Hospitals.

The clinical work of the Service has continued on the same lines, but in the autumn plans were formulated for the conversion of a hut at the Churchill Hospital to be used as a centre for the Oxford Area Chest Services. It is intended that all clinics will be held there. This centralisation of the work should be a great convenience to patients and staff.

The City Council is now concerned with the prevention of tuberculosis and the after-care of persons suffering from tuberculosis under Section 28 of the National Health Service Act. In order to fulfil these functions, the City Council has retained the part-time services of a Tuberculosis Officer, an Almoner and a Clerk. The two Tuberculosis Visitors have remained whole-time officers of the City Council.

After-Care.

REPORT BY THE TUBERCULOSIS ALMONER.

Medical social work among the families of tuberculous patients has continued as in previous years; the value of alleviating underlying anxieties and so enabling the patient to gain the maximum benefits from treatment is self evident.

Allowances.

The introduction of the National Health Service Act in July transferred the actual handling of allowances for tuberculous patients to the National Assistance Board. At the end of 1948 the number of patients on allowances was 66. The application for an allowance is always initiated by medical recommendation from the Chest Clinic, and with close co-operation between the Assistance Board and the Almoner, it is possible for the special needs of patients to be emphasised and cases to be reviewed as medical or social reasons make this necessary.

Tuberculosis Care Committee.

Although some needs previously met by Care Committees are now transferred to the Assistance Board, there still remains a valuable field

for Care Committee aid, particularly among families whose financial status has dropped seriously owing to the impaired earning capacity of the breadwinner who has contracted tuberculosis.

Another type of case which frequently needs help not covered by statutory measures is the housewife. Although the husband may be earning a reasonable sum for normal family life, when his wife is ill over a long period and unable to cope with the children and other household cares, financial strain soon becomes apparent.

The Annual Seal Sale has this year brought in more than double the amount received last year, the figure is actually more than in any year since its commencement in 1944.

Rehabilitation.

The re-absorption of patients into industry, or their re-training for new work, has again necessitated close liaison between the Rehabilitation Section of the Ministry of Labour and the Almoner. The impetus given to a patient's recovery by early planning for a return to work has real value, particularly in tuberculosis where the treatment is inevitably lengthy, and a vague uncertain future can mean much despondency.

Occupational Therapy is an ever present bulwark while patients are in hospital. In long stay cases rehabilitation is often expedited by correspondence courses arranged by the Almoner in co-operation with other authorities. For those patients who cannot hope ever to take the strain of a return to full competitive employment, the haven of a sheltered workshop allied to a home industry scheme would be an inestimable advantage.

TABLE A.
New Cases and Mortality during 1948.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0—1 ...	—	—	—	—	—	—	—	—
1—2 ...	—	1	1	—	—	—	—	—
2—5 ...	4	1	3	2	—	—	—	—
5—10 ...	2	5	1	1	—	—	—	1
10—15 ...	2	2	2	3	—	—	—	—
15—20 ...	5	8	3	1	2	2	—	—
20—25 ...	15	9	—	—	3	1	—	—
25—35 ...	24	13	2	—	2	4	—	1
35—45 ...	16	14	1	1	5	5	—	—
45—55 ...	7	3	1	—	3	3	1	—
55—65 ...	7	2	—	1	2	—	2	—
65 and over ...	4	4	2	—	2	2	1	—
Totals ...	86	62	16	9	19	17	4	2

Death Rate
per 1,000
Population

TABLE B.
CITY of OXFORD.

GRAPH SHOWING THE FALL IN THE DEATH RATE FROM TUBERCULOSIS.

- Deaths from Non-Pulmonary Tuberculosis.
- Deaths from Pulmonary Tuberculosis.

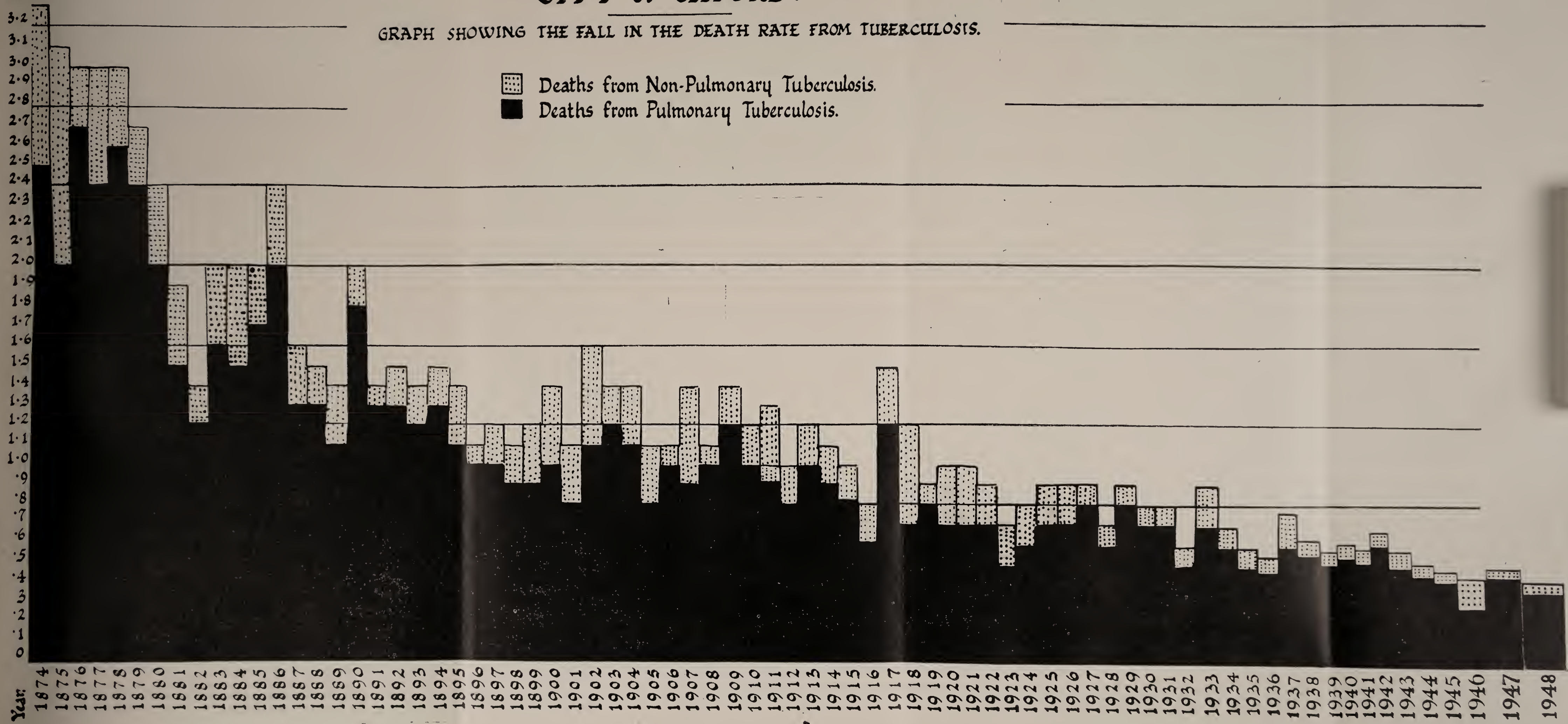


TABLE C.
Progress of Notification.

Year	Pulmonary	Non-Pulmonary	Total
1915	73	33	106
1916	48	24	72
1917	51	18	69
1918	56	8	64
1919	70	22	92
1920	63	22	85
1921	79	27	106
1922	64	18	82
1923	50	20	70
1924	67	22	89
1925	63	15	78
1926	70	16	86
1927	47	17	64
1928	64	23	87
*1929	124	30	154
1930	103	16	119
1931	93	24	117
1932	92	26	118
1933	93	24	117
1934	110	20	130
1935	86	17	103
1936	87	36	123
1937	101	43	144
1938	81	30	111
1939	98	23	121
1940	111	43	154
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173

* City extended 1st April, 1929.

TABLE D.

Institution	Notified Cases				Observation Cases				Total
	Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	
Osler Pavilion	34	31	1	—	—	—	—	1	67
City Isolation Hospital, The Slade.	3	6	8	5	7	18	8	7	62
Old Isolation Hospital, Abingdon Rd.	25	15	—	—	3	—	—	—	43
Wingfield Hospital	4	2	1	1	—	—	—	—	8
Papworth Village Settlement ..	2	—	—	—	—	—	—	—	2
Firs Home, Bournemouth ..	1	—	—	—	—	—	—	—	1
Brompton	—	1	—	—	—	—	—	—	1
R.N.S., Ventnor	—	1	—	—	—	—	—	—	1
R.N.S., Bournemouth	—	5	—	—	—	—	—	—	5
Peppard Sanatorium	5	1	1	1	—	—	—	—	8
R.S.B.H., Margate	3	—	—	—	—	—	—	—	3
Radcliffe Infirmary	6	7	3	3	—	—	—	—	19
Frenchay Park Sanatorium, Bristol	—	—	1	—	—	—	1	3	5
Totals	83	69	15	10	10	18	9	11	225

(d) VENEREAL DISEASES.

Until the 5th July the Clinic at the Radcliffe Infirmary was conducted on the same lines as previous years. After that date the cost of treatment ceased to be the responsibility of the City Council but it was agreed to accept financial responsibility for the part-time services of the Venereal Diseases Almoner in order that the Council could carry out its obligations under Section 28 of the National Health Service Act relating to the prevention of illness and after care.

The following table summarises the work of the Clinic for the year ended 31st December 1948:—

	Syphilis		Gonorrhoea		Non-Venereal or undiagnosed conditions		Total	
	M	F	M	F	M	F	M	F
1. Number of cases on 1st January under treatment or observation	210	203	90	18	124	31	424	252
2. Cases removed from register during any previous year which returned during the year under review	—	3	—	—	—	—	—	3
3. Number of cases dealt with for the first time during the year under review	53	44	78	19	285	85	416	148
4. Conditions remaining undiagnosed at 31st December ...	—	—	—	—	4	6	4	6
5. Cases dealt with for the first time during the year under review but known to have had treatment or to have been under observation at other Centres, Institutions or by General Practitioners	46	8	9	1	5	1	60	10
	309	258	177	38	418	123	904	419
<i>Ceased to attend during the year:—</i>								
6. After completion of treatment and final tests of cure, or after diagnosis as non-venereal	24	41	57	19	302	93	383	153
7. After completion of treatment but before final tests ...	19	4	45	7	—	—	64	11
8. Before completion of treatment	20	4	5	—	—	—	25	4
9. Number of cases under treatment or observation which died:—								
From the disease	—	—	—	—	—	—	—	—
From treatment	—	—	—	—	—	—	—	—
From other causes	4	—	1	—	—	—	5	—
10. Transferred to other Centres or to Institutions or to care of General Practitioners	34	21	13	1	4	1	51	23
	101	70	121	27	306	94	528	191
11. Number of cases remaining under treatment or observation on 31st December, 1948	208	188	56	11	112	29	376	228
12. Number of attendances	1670	1966	322	105	1187	395	3179	2466
13. <i>Inpatients:—</i>								
(a) Total number of persons admitted for treatment during the year	62	54	1	2	—	—	63	56
(b) Aggregate number of "Inpatient days" of treatment given	659	448	5	14	—	—	664	462

The number of pathological examinations made in respect of patients was 2640.
Note.—Patients from all areas are included in this table.

Table showing the incidence of new cases of Venereal Diseases in the City from 1938—1948.

	MALES			FEMALES		
	Syphilis	Gonorrhoea	Non-Venereal	Syphilis	Gonorrhoea	Non-Venereal
1938	13	87	38	15	25	46
1939	6	44	30	8	9	44
1940	30	69	34	24	14	36
1941	33	56	17	33	27	55
1942	23	34	20	26	22	43
1943	22	24	55	28	34	66
1944	11	28	66	15	30	86
1945	11	24	74	12	17	66
1946	23	57	147	19	15	54
1947	14	26	121	25	10	28
1948	7	36	134	12	7	36

Report of the Almoner to the V.D. Department.

Review of Figures for 1948.

All medical officers concerned have already received a return of the figures for 1948, but may perhaps be interested to have some comments on how this compares with previous years. The figures for new patients in the male clinic are higher for 1948 compared with 1947. The new patients found to be suffering from Syphilis are up by about 10% and are the highest for the last five years; the number of patients with Gonorrhoea are also up, by 21%, and are the second highest for five years. In the women's clinic the figures have gone down; there was a big drop in new cases of Syphilis—44 compared with 62 last year. This is encouraging as the figures had been mounting steadily year by year since 1944, and this is the first drop. There is a slightly smaller decline in the figures of new cases of Gonorrhoea in the women's clinic, but the total is the lowest for five years, the figures having dropped steadily each year.

There is still a big discrepancy between the figures for Gonorrhoea for men and women (78 and 19 respectively). This has been the case for the last three years and was referred to in my report last year. I consider the main reasons for this are as follows:—

- (1) A high proportion of male patients default after one or two attendances and as a result they are often not questioned about their contacts and urged to get them to attend.
- (2) Of the men seen a large number state that they do not know who the girl is as she was a casual pick up, often after they had had too much to drink, and their recollection of the episode is hazy.

- (3) Owing to the fact that the symptoms are often very slight in a woman, a woman suffering from Gonorrhoea often does not attend of her own accord for treatment, and remains untreated and a danger to future contacts.

A development in 1948 has been the growing number of foreigners attending the men's clinic. The numbers have increased each quarter and form 14% of the total number of new patients. These men are mainly Poles and Yugoslavs, living in camps. The reason why we are getting so many of these men at the clinic is, I think, obvious. They are strangers in a strange land, living in hostels and camps, often in an isolated place, with very few home comforts, and no home life or normal female companionship. Naturally they gravitate to the local public house and pick up any girl who is willing to go out with them. The problem will, presumably, resolve itself in time as these men become absorbed in the normal life of the community, and marry. Last year we had a similar problem with the men living at two big camps for labourers working at Harwell, but these camps have dwindled in size, or been closed down so that they no longer present the problem they did.

Follow-up of Defaulters.

During the year the Almoner has continued the never-ending task of writing to those who fail to attend. When letters fail to persuade, then a visit is paid. 91 visits were paid during the year (70 in Oxford City, 16 in Oxfordshire, 5 in Berkshire). Of these, 70 were to women, 3 to husbands and wives jointly, and 18 to men. In addition 21 visits were paid to suspected contacts (2 men, 19 women).

Contact Tracing.

During 1948 the Almoner has made increased efforts to get every possible contact to attend the clinic. In the case of the women patients a very high proportion of their contacts attend here or elsewhere, generally being persuaded to attend by the patient with little more than a reminder or encouragement from the Almoner, though in a few cases when the girl did not wish to see the man again, the Almoner wrote to the man, and in two cases visited. 14 patients (7 men and 7 women) did not wish to approach their contact themselves and the Almoner undertook to try and get them to attend. In the majority of cases a letter was first sent asking him or her if he or she would call and see the Almoner about an important matter, the times suggested for calling being generally the times of the clinics. If this failed to bring them the men were generally sent further letters but the women were mostly visited if they did not live too far away. In ten cases the Almoner persuaded the patient to attend here or elsewhere. In one case it was felt to be a case of mistaken identity and the girl was not advised to attend. One man refused to attend and the Almoner was almost certain that he was treating himself as he had access

to drugs at his place of work. In only two cases (both men) did the Almoner fail to get the contact to attend. This successful result was not in some cases obtained easily; for instance, one contact was visited ten times and sent three letters before she finally attended. She was out on several occasions, and changed her address three times. Fortunately efforts were not relaxed as when she did finally attend she was found to be suffering from Syphilis. Rather surprisingly she is now attending the clinic with the greatest regularity !

During the year the Almoner has seen as many as possible of the men diagnosed as suffering from one of the Venereal Diseases, and has in fact seen 76 patients out of a total of 113 new recent infections. In practice this has meant that she has seen nearly every patient suffering from Syphilis (with the exception of the foreigners who cannot speak English) and a little more than half those suffering from Gonorrhoea. The reason for this is that nearly every patient suffering from Syphilis comes into the ward for Penicillin and attends weekly for injections for some considerable time, so that there are plenty of opportunities for seeing him. The patients suffering from Gonorrhoea usually only attend a few times, and as a high proportion default after one or two attendances, there is far less opportunity for the Almoner to see them. Also at first the Almoner's attendance at the male clinic was an experiment and confined to the Wednesday session only, but during the last few months of the year she has also attended every second or third week on a Saturday afternoon to see the patients. In some cases also there was no necessity for the Almoner to see the man as it was known that his contact was already attending the women's clinic.

From this it will be seen that the Almoner's work with the men has developed considerably during the year and that as regards the follow-up of defaulters and the tracing of contacts the Almoner does as much with the men as with the women. The Almoner, now that she knows many of the men quite well, is able to help them with their social problems in much the same way as she assists the women, and on many occasions it has proved useful to know both husband and wife, in helping them over their matrimonial difficulties. Knowing both husband and wife, and seeing them separately, however, brings its difficulties as well, especially when the stories told do not agree, as the Almoner's duty is to help both husband and wife, and not "take sides" or betray confidences, and great discretion is needed. The wives, particularly, are apt to regard the Almoner as their ally, and ask her to obtain information from their husbands for them, and even give their husbands a moral lecture !

Social Survey of Women Patients.

As a matter of interest the Almoner has, during the year, tabulated the information she has obtained regarding all the new women patients found to be suffering from a Venereal Disease. This was in respect of

recent infections only, and not those transferred from another centre. The number of patients involved was 41, and naturally with such a small number it is not possible to draw any definite conclusions but the information obtained is interesting and the results fairly representative. The results are tabulated below:—

Total number of new patients with recently acquired Venereal Disease 41

Diagnosis: Syphilis 26 (one patient had both syphilis and
Gonorrhoea 16 gonorrhoea).

Age groups of patients:—

	<i>Under 20</i>	<i>20-24</i>	<i>25-29</i>	<i>30-39</i>	<i>over 40</i>	<i>Totals</i>
All patients ..	8	7	11	12	3	41
Single women ..	8	1	1	1	1	12
Married women and widows ..	—	6	10	11	2	29
Number of single women ..					12	
Single having already had a child ..					2	
Single and pregnant at time of attending clinic ..					2 (one aged 43)	
Married and living with husband ..					18	} Of whom 17 were probably infected by husband.
Married and temporarily apart from husband through force of circumstances ..					4	
Married and apart from husband through disagreement ..					4	
Widows ..					3	
					—	
					29	
					==	

Number of women with children living at home with them. 21

Married or widowed and admitting to sexual relations outside marriage 9

Married or widowed and not admitting to sexual relations outside marriage 19

(17 probably infected by husband; in 2 cases the source of infection was not known).

Single and only admitting to one contact 4

Married and only admitting to one extra-marital contact 2

Single and admitting to more than one contact 8
(4 had 2 each and 4 were probably promiscuous).

Married and admitting to more than one extra-marital contact 4
(1 had 2, 2 had 3 or more, 1 was probably promiscuous).

At first sight, it is perhaps a little surprising to discover that no less than 15, or more than a third of the patients, were over 30 years of age; but about half of this number were married women infected by their husbands. Of the single women under 20 years of age, 6 were aged 18 or 19, one was 16½ and one was 15 years old. This last girl, who was of course below the age of consent, had both Syphilis and Gonorrhoea. One-third of the infected single women had had a child or were pregnant at the time of attending the clinic, but probably these figures are not representative and the proportion is normally lower than this. The total number of pregnancies is on the whole surprisingly low amongst the unmarried women attending the clinic, who, whether they are found to be infected or not, nearly all admit to having had sexual intercourse.

These figures show that roughly a third of the women attending the clinic and found to have a Venereal Disease are unmarried and two-thirds married; over half the latter category being innocent wives infected by their husbands. About two-thirds of both the single women and the wives admitting to extra-marital relations have had more than one contact. This survey is being continued during 1949 and it will be interesting to see how the additional numbers correlate with the results already obtained.

(e) VACCINATION AND IMMUNIZATION.

Alterations in arrangements as a result of the National Health Service Act, 1946.

On July 5th, 1948, vaccination ceased to be "compulsory". The Local Health Authority became responsible for the provision of immunization against diphtheria and vaccination against smallpox both on a voluntary basis. The City Council made arrangements for both procedures to be carried out at Child Welfare Clinics and invited general practitioners to take part in the scheme. A total of 48 practitioners expressed their willingness to carry out both procedures while one was willing to undertake immunization against diphtheria only.

Immunization against diphtheria.

Table showing the number of primary immunizations completed and the number of re-inforcing injections given during 1948:—

Number of children who completed a full course of primary immunization	Under 5 years	5—14 years	Total	Total number of children who were given re-inforcing injections
From 1st January—4th July	761	292	1053	732
From 5th July—31st December	690	174	864	725
Total	1451	466	1917	1457

Of the figures shown since July 5th, 1948, 65 primary immunizations were completed and 6 re-inforcing injections were given by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act, 1946.

Vaccination against smallpox.

The following table compares the number of primary vaccinations performed in relation to the registered births before and after July, 1948.

1. Number of registered births (Oxford residents) occurring in the first half year (January—June, 1948)	819	} 38.7%
2. Number of primary vaccinations in Oxford children under 1 year of age performed in the first half-year (January—June, 1948)	317	
3. Number of registered births (Oxford residents) occurring in the second half-year (July—December, 1948)	749	} 43.0%
4. Number of primary vaccinations in Oxford children under one year of age performed in the second half-year (July—December, 1948)	322	
Total number of re-vaccinations from 5th July—31st December, 1948	121	

Of the vaccinations carried out from July 5th, 1948, 130 primary vaccinations and 69 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act, 1946.

During the period July 5th—December 31st, 1948, three attempts at vaccinations were made without success on two children who were therefore classified as "insusceptible to vaccination".

Immunization against whooping-cough.

The trial of American vaccine carried out between 1944 and 1947 gave very important information. The agent was found to have a definite value in the prevention and mitigation of the disease, but its effect was not as great as had been hoped. Research on this problem still continues and at the request of the Medical Research Council participation in a trial of three new vaccines was initiated in the autumn of 1948.

Measles Prophylaxis.

In August, the Medical Research Council asked the Local Authority to co-operate in assessing the value of Gamma Globulin in the prevention or attenuation of measles.

Dr. Payne of the Public Health Laboratory arranged the field tests

and chose as his medium the day and residential nurseries, nursery schools and classes in the City. A limited amount of Gamma Globulin was also made available to general practitioners.

Owing to the general shortage of Gamma Globulin, it was necessary to limit the trial to children between the ages of 6 months and 5 years who were close and susceptible contacts.

The co-operation of parents and head teachers was secured and the trial is progressing but it is too soon to give a statistical report.

Inoculation and Vaccination of Travellers.

Many requests are received by the Health Department for protective inoculation and vaccination from persons intending to travel abroad.

The department undertakes vaccination against smallpox and inoculation against typhoid and paratyphoid fevers. The material is supplied by the Public Health Laboratory and the operations are performed at 60 St. Aldate's between 10 a.m. and 11 a.m. on Saturdays or at other times when the need is urgent.

Intending travellers are advised, in their own interests, to obtain official forms of International Certificates. These certificates are completed by the doctor performing the vaccination or inoculation and his signature is authenticated by the Health Department as required by the Minister of Health.

(f) RINGWORM AND SCABIES.

RINGWORM OF SCALP.

Facilities.

An Assistant Medical Officer attends at a special diagnostic clinic held at 60 St. Aldate's on Mondays at 2 p.m. Every suspected case is seen at this clinic and examined under a Wood's Lamp. Home contacts of confirmed cases are followed up and asked to report at this clinic for inspection.

It is the aim of the service to examine the contacts of every case. Endeavour is therefore made to take the lamp to the school and there to examine the classmates of any new case which has occurred.

Treatment.

Mild cases are treated with inunction and epilation. Two nurses are in attendance at the special clinic and arrangements are also made for treatment to be given at several minor ailment clinics. The parents of infected children are instructed in home treatment.

With the consent of the parents, children showing extensive infection are seen by Dr. Carleton, Dermatologist at the Radcliffe Infirmary, regarding their suitability for X-ray epilation. When prescribed, this is carried out by Dr. Evans at the Royal Berkshire Hospital, Reading.

When a case is discharged as cured, the parents are invited to have the blankets in which the patient has slept disinfected.

Number of cases.

55 cases were treated during the year. 5 of these received X-ray treatment after the above scheme came into operation in November. Of the 55 cases, 15 recovered sufficiently to be able to return to school and 2 left the district before treatment was completed.

The following figures show the number of cases treated during the last four years:—

1945	..	83	1947	..	57
1946	..	91	1948	..	55

SCABIES.

From the statistics, it will be seen that the incidence of scabies has dropped considerably during the year; the largest number of cases occurred during the winter months when people congregate indoors.

Owing to the decreasing number of patients attending the clinic, it was decided that it was not necessary for a doctor to be in attendance and, after November, cases diagnosed by the school medical officers and general practitioners were sent direct to Cold Arbour Hospital for treatment by the nursing staff.

Total number of attendances at Clinic	..	..	..	257
Total number of out-patient treatments given	..	..	..	148
Total number of admissions to hospital	..	..	..	Nil.

Monthly record of Scabies.

				<i>School Children</i>	<i>Pre-School</i>	<i>Total</i>
January	..	..	..	21	3	24
February	..	..	..	7	0	7
March	..	..	..	9	0	9
April	..	..	..	0	0	0
May	..	..	..	0	0	0
June	..	..	..	2	0	2
July	..	..	..	1	0	1
August	..	..	..	0	0	0
September	..	..	..	0	0	0
October	..	..	..	5	0	5
November	..	..	..	6	0	6
December	..	..	..	8	0	8

Number of cases treated during the last four years.

1945	..	448	1947	..	165
1946	..	246	1948	..	62

SECTION V

MATERNITY AND CHILD WELFARE.

REPORT BY DR. MARY FISHER,
B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

A. MATERNITY.

1. Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Municipal Midwives	7
(b) Employed by Voluntary Organisations as Domiciliary Midwives <i>otherwise</i> than under arrangements made with the Health Authority under Section 23 of the National Health Service Act	Nil
(c) In private practice as:—	
(i) Domiciliary Midwives	Nil
(ii) Midwives in Institutions, i.e. Nursing Homes	3

2. Deliveries by Municipal Midwives during the year:—

	As Midwife	As Maternity Nurse	Mis- carriages	Total
Midwife A. (East Oxford and Marston)	64	5	2	71
Midwife B. (Headington)	76	10	1	87
Midwife C. (Iffley and Rose Hill) ...	69	8	—	77
Midwife D. (Cowley)	74	32	2	108
Midwife E. (South Oxford)*	30	3	—	33
Midwife F. (North Oxford)	59	14	—	73
Midwife G. (West and Central Oxford)	56	20	2	78
Midwife H. (Barton)†	27	1	—	28
Midwife I. (South Oxford)‡	19	3	—	22
Totals	474	96	7	577

* Midwife E. resigned 31st May, 1948.

† Midwife H. resigned 30th November 1948 (acted largely as relief midwife).

‡ Midwife I. commenced duty as municipal midwife 1st August, 1948.

3. Notifications to the Local Supervising Authority:—

(i) *Medical Aid* (whenever the assistance of a general medical practitioner has been sought).

117 notifications for the calling in of medical aid were received.

99 referred to help for the mother and 18 referred to help for the child.

The reasons given were:—

Mother

Abdominal pain	1
Abnormal presentation	1
Abortion	4
Ante-partum haemorrhage	6
Breech presentation	1
Collapse	2
Delay in 1st stage	10
Delay in 2nd stage.. .. .	3
Fainting attacks	1
Inflamed breast	3
Pain in leg	5
Pain in side and nausea	1
Post-partum haemorrhage and retained placenta	3
Premature rupture of membranes	1
Uncertain presentation	1
Pyrexia	8
Retained placenta	1
Ruptured perineum	42
Secondary post-partum haemorrhage	1
Swelling of leg	1
Thread-worms	1
Uterine inertia and breech presenting	1
Vomiting	1
	—
	99
	==

Baby.

Difficulty in feeding	1
Discharging eyes	11
Persistent vomiting	1
Poor colour and limpness	1
Prematurity	1
Spina bifida	1
Spots	2
	—
	18
	==

(ii) Stillbirths 3 notifications were received.

(iii) Laying out the dead No notifications were received.

(iv) Artificial Feeding 40 notifications were received (bottle in place of breast in 28 cases, in addition to breast in 12).

(v) Liability to be a source of infection No notifications were received.

4. Gas-and-Air Analgesia.

All domiciliary midwives were qualified to administer gas-and-air analgesia. Each had her own apparatus and a car in which to transport it. Instruction in the use of the apparatus is given to mothers at the antenatal clinics.

The following table shows the proportion of cases in which it was actually administered:—

Number of domiciliary births		Number of cases in which gas and air was given	
Midwives	Maternity nurses	Midwives	Maternity nurses
476	96	346	85

The following table gives the reasons why gas-and-air was not administered in 130 cases delivered by midwives:—

Born before arrival	..	..	..	..	..	..	25
Very quick labour—no time	..	..	..	..	..	..	38
No medical certificate	..	..	..	..	..	..	15
Refused	..	..	..	..	..	..	29
Emergencies (unbooked cases)	..	..	..	..	..	..	2
Cyanosis	..	..	..	..	..	..	1
*Reason not available	..	..	..	..	..	..	20
							130

* Figures obtained retrospectively. Midwives resigned and information not obtainable.

5. Training School in District Midwifery.

A district training school was opened on April 24th, 1948, and a hostel was established for 10 pupil midwives at 82—84 Abingdon Road under the personal supervision of the Supervisor of Midwives. The pupils enter the hostel for their three months' training for Part II of the examination of the Central Midwives Board, having worked for the first three months at the Churchill Hospital. Since the school was opened 27 pupils have been in residence, 20 have taken the examination and 18 were successful. The pupils carried out 320 deliveries on the district (included in the table of deliveries by municipal midwives). With the exception of one midwife who did not wish to teach and who resigned in May, all the municipal midwives were approved as domiciliary midwifery teachers by the Central Midwives Board.

6. Antenatal care for domiciliary cases.

(i) Antenatal care of cases booked as midwives' cases:—

Attended antenatal clinic 427

Attended own doctor for antenatal
care 45

Refused to attend clinic or doctor 3 (emergencies)

(ii) Attendances at the City antenatal clinics, 1948.

Clinics	First attendances	Re- attendances	Total attendances	No. of sessions	Average attendances
Headington	116	894	1010	75	13.47
East Oxford	91	714	805	52	15.48
St. Aldate's	92	648	740	53	13.96
Donnington	111	795	906	52	17.42
Totals	410	3051	3461	232	14.92

The adaptation of the Control Centre at Alexandra Court for clinic premises was not complete at the end of the year, so domiciliary cases in North Oxford continued to attend antenatal and postnatal clinics at the Radcliffe Maternity Home.

In view of the decrease in the attendances at Bury Knowle antenatal clinic, the Monday session was discontinued at the end of June.

Analysis of antenatal conditions requiring special attention.

	St. Aldate's	Head- ington	Donn- ington	East Oxford	Total
A. Advice given at Clinic for:					
1. Mild toxæmia	6	8	2	4	20
2. Indigestion	11	11	9	15	46
3. Anaemia	15	20	17	18	70
4. Cramp	7	6	7	7	27
5. Weak abdominal muscles ..	—	1	1	1	3
6. Varicose veins	6	11	18	6	41
7. Insomnia	8	20	17	15	60
8. Vaginal discharge	2	4	3	2	11
9. Other medical conditions ..	5	12	12	6	35
B. Malpresentations corrected ..	12	16	14	17	59
C. Special investigations:					
1. Catheter specimen of urine ..	1	3	3	1	8
2. Bacteriological investigation of vaginal discharge	4	7	4	5	20
3. Haemoglobin estimations ..	24	47	46	25	142
4. Biochemical investigation of urine	—	—	—	2	2
D. Referred to own doctor:					
1. Urinary infection	—	2	2	1	5
2. Varicose veins	1	—	—	—	1
3. Other medical conditions ..	—	3	—	3	6
E. Referred to Radcliffe Infirmary Out-patient Dept.	1	2	1	1	5
F. Referred to Radcliffe Maternity Home:					
1. Toxaemia	2	—	—	1	3
2. Obstetrical conditions	6	6	6	4	22
3. Rh. incompatibility	—	—	1	—	1
4. Anaemia	1	—	1	—	2
5. Sterility	—	3	—	—	3
6. Other medical conditions ..	—	4	1	2	7
G. Referred to Eye Hospital ..	1	1	1	—	3
H. Referred to Chest Clinic	1	1	—	2	4
I. Referred to Scabies Clinic ..	—	—	1	—	1
J. Referred to Radcliffe Infirmary Haematology dept.	1	—	—	—	1
K. Dental treatment advised ..	43	66	70	36	215
Dental treatment fully carried out	27	26	31	14	98
Dental treatment partially carried out	3	13	6	2	24
Dental treatment refused ..	13	27	33	20	93

End results of antenatal cases attending City clinics.

	St. Aldate's		Headington		Donnington		East Oxford		Total	
	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home
Normal delivery*	76	5	114	11	78	2	79	9	347	27
Forceps delivery	—	—	—	—	1	—	3	1	4	1
Breech, otherwise normal	1	—	1	—	—	—	1	—	3	—
Premature:—										
(a) Placenta praevia (induction)	—	—	—	1	—	—	—	—	—	1
(b) otherwise normal	—	1	1	—	—	—	—	—	1	1
(c) Antepartum haemorrhage	—	—	—	—	—	1	—	—	—	1
(d) Twins	—	—	—	—	—	1	—	—	—	1
Antepartum haemorrhage, followed by normal delivery	—	—	—	3	—	2	—	—	—	5
Normal delivery followed by postpartum haemorrhage	2	—	—	—	—	—	1	—	3	—
Induction:										
(a) normal delivery	—	2	—	—	—	1	—	1	—	4
(b) breech delivery	—	1	—	—	—	—	—	—	—	1
Still-birth:										
(a) Tentorial tear	—	—	—	—	1	—	—	—	1	—
(b) Intracranial birth injury and erythroblastosis, forceps	—	—	—	—	—	1	—	—	—	1
Normal delivery, death from staphylococcal septicaemia	—	—	—	—	1	—	—	—	1	—
Miscarriage	—	—	1	—	—	—	1	—	2	—
Therapeutic abortion	—	—	—	1	—	—	—	—	—	1
Not pregnant	1		10		—		2		13	
Left district, result unknown	4		4		4		4		16	

* "Normal delivery" means uncomplicated spontaneous vertex delivery. A ruptured perineum is not counted as an abnormality.

7. Postnatal care for domiciliary cases.

In order to encourage postnatal attendances a separate monthly postnatal session was started at each clinic in September, 1948. Individual appointments were given to each mother.

Attendances at the City postnatal clinics, January—August, 1948 (combined with antenatal sessions).

Clinics	First Attendances	Re-attendances	Total Attendances	No. of Sessions	Average Attendances
Headington	50	19	69	57	1.21
East Oxford	32	7	39	35	1.11
St. Aldate's	35	21	56	35	1.60
Donnington	42	22	64	34	1.88
Totals	159	69	228	161	1.41

Attendances at the City postnatal clinics, September—December, 1948 (separate clinics).

Clinics	First Attendances	Re-attendances	Total Attendances	No. of Sessions	Average Attendances
Headington	22	5	27	4	6.75
East Oxford	5	8	13	4	3.25
St. Aldate's	12	7	19	4	4.75
Donnington	19	5	24	4	6.00
Totals	58	25	83	16	5.19

Trend of postnatal attendances.

It is impossible to deduce from the figures of clinic attendances exactly how many of the mothers attending the antenatal clinic received a postnatal examination. On the one hand a few mothers who have "medical aid" at their delivery have a postnatal examination by the doctor who is called in. On the other hand a few of the postnatal attendances are made by mothers who have had their babies elsewhere. In addition a number of mothers who are delivered at the end of any given year have their postnatal examination early in the next year. Nevertheless it is possible to make a reasonably fair comparison of one year with another by taking the total first postnatal attendances in a year and expressing this as a percentage of the mothers who attended the antenatal clinic and were delivered at home during the same year. (Mothers delivered in hospital usually return there for postnatal examination.) This calculation gives the figure of 43% for 1947 and 60% for 1948—a marked and encouraging improvement, though still short of the 100% which is the ultimate target.

Analysis of postnatal conditions requiring special attention.

	St. Aldate's	Head- ington	Donn- ington	East Oxford	Total
A. Advice given at Clinic for:					
1. Anaemia	7	2	3	5	17
2. Haemorrhoids	—	1	—	—	1
3. Weak abdominal muscles ...	1	3	5	2	11
4. Vaginal discharge	—	1	—	—	1
5. Other medical conditions ...	1	—	1	—	2
B. Special investigations:					
1. Haemoglobin	12	10	20	5	47
2. Bacteriological investigation of vaginal discharge ...	—	1	—	—	1
3. Catheter specimen of urine...	—	—	1	—	1
C. Referred to own doctor:					
1. Varicose veins	—	1	—	—	1
2. Other medical conditions ...	2	3	1	—	6
D. Referred to Radcliffe Maternity Home.					
1. Erosion	14	14	11	5	44
2. Retroversion	—	—	1	—	1
3. Prolapse	—	—	1	—	1
E. Referred to Eye Hospital ...	1	1	—	—	2
F. Referred to City Birth Control Clinic	5	19	14	3	41
G. Referred to Radcliffe Infirmary					
1. Obesity clinic	—	—	2	—	2
2. Orthopaedic dept.	—	—	—	1	1
3. Anaemia clinic	1	—	—	—	1

8. Emergency Maternity Service.

This service continued to operate from the Radcliffe Maternity Home. The City ceased to have any financial responsibility for it after July 5th, 1948.

During the year 5 domiciliary patients were attended in the City for post partum haemorrhage and one for obstetric shock. All made good recoveries.

9. Notifiable infectious diseases associated with childbirth.**Ophthalmia neonatorum.**

In 1948, 59 notifications were received.

Number of cases notified		Vision Unimpaired	Vision Impaired	Deaths	Left District
Domiciliary confinements	Institutional confinements				
10	49	59	—	—	—

Puerperal Pyrexia.

Of the 49 notifications received, 4 were domiciliary confinements and 45 institutional.

Pemphigus neonatorum.

Of the 17 notifications received, 1 was a domiciliary confinement and 16 were institutional.

Note.—In April, a mild staphylococcal infection became endemic among the babies in the Churchill Hospital Maternity Block, despite every possible effort to eliminate it. At first the chief manifestation was a mild atypical skin lesion, but later eye infections predominated.

All the babies made a good recovery.

This outbreak accounts for most of the institutional cases of ophthalmia neonatorum and pemphigus neonatorum in the above tables.

10. Investigation of still-births and neo-natal deaths.

Still-births and neo-natal deaths occurring at home continue to be investigated in the Department of Morbid Anatomy, Radcliffe Infirmary. During 1948 there were two in the former and none in the latter category.

11. Maternal Deaths.

Three deaths of Oxford women were classified as maternal deaths in 1948.

(i) *Age 34. Second pregnancy.*

Normal delivery at home. Puerperium normal till 10th day except for cracked nipple. Felt ill and had raised temperature for first time on 10th day. Admitted to hospital. Died same evening of fulminating staphylococcal septicaemia resulting from mastitis.

This was a very unusual and distressing case. It is the first death occurring in our domiciliary midwifery service since its inception in 1937.

(ii) *Age 25.* Patient had been bed-ridden with hypertensive heart failure since the birth of her baby two years previously in another area.

(iii) *Age 37.* Sudden and unexpected death from pulmonary embolism in a woman who had had a normal birth seven weeks previously.

12. Institutional Maternity Accommodation.

A block for maternity patients was officially opened at the Churchill Hospital on January 7th, 1948, and sufficient accommodation was available at the end of April to permit the closing of the Maternity Ward at Cowley Road Hospital. From January 1st to April 30th, 58 deliveries took place at Cowley Road Hospital.

On July 5th, under Section 6 of the National Health Service Act 1946, the Maternity Departments at the Radcliffe Infirmary and the Churchill Hospital were transferred to the United Oxford Hospitals and the Health Department ceased to bear any financial responsibility from that date.

13. Birth Control.

The Clinic for City patients requiring contraceptive advice on medical grounds continued to be held once a week at the Radcliffe Infirmary. During the year there were 442 attendances, 61 being first attendances and 381 re-attendances.

Medical indications in new patients.

Pulmonary tuberculosis	9
Poor health resulting from frequent pregnancies	7
Anaemia and poor general health	4
Poor general health	3
Gynaecological conditions	8
Psychological conditions	5
Recent toxæmia of pregnancy	5
Rhesus incompatibility	2
Varicose veins	3
Obesity	2
Recent obstetric complications	5
Graves' disease	1
Likelihood of diseased offspring	1
Migraine	1
Orthopaedic	1
Umbilical hernia	2
Psychological condition in husband	1
Diabetes	1
	—
	61

End Results (i.e. condition when last seen in 1948, grouped according to year of first attendance).

[illegible]

Source of patients.

General practitioners	..	..	..	..	..	..	12
Municipal postnatal clinics	..	..	..	..	..	..	31
Child welfare clinics	..	..	..	..	..	..	10
Chest Clinic	..	..	..	..	..	..	8
							—
							61
							==

Follow-up Scheme.

Patients are told to return if any difficulties arise or if they need fresh supplies. They are asked to report in any case every three months. Those who fail to do so are visited by Health Visitors or in some instances letters are sent. If in spite of this they fail to report they are discharged from the clinic.

B. CHILD WELFARE.**1. Attendances at Child Welfare Clinics, 1948.**

Centre	Number on Register	First Attend- ances	Re- attend- ances	Total Attend- ances	Number of Sessions	Average Attend- ances per Session
Headington (2 clinics weekly)	791	260	5148	5408	105	51.50
Cowley	277	118	2189	2307	51	45.23
East Oxford (2 clinics weekly)	460	212	4048	4260	100	42.60
New Hinksey ..	203	138	1675	1813	52	34.86
St. Aldate's	223	119	2189	2308	51	45.25
Jericho (2 clinics weekly)	446	230	2374	2604	100	26.04
Summertown ..	152	90	1096	1186	52	22.80
St. Francis Hall, Cowley	163	61	1270	1331	52	25.59
New Marston (2 clinics weekly)	381	196	2869	3065	105	29.19
Wolvercote	120	96	1314	1410	53	26.60
Donnington (2 clinics weekly)	661	279	4300	4579	104	44.03
Totals ..	3877	1799	28,472	30,271	825	36.69

2. Treatment of pre-school children at Minor Ailment Clinics.

In 1948, 34 children made 69 attendances under the arrangement made with the Education Committee whereby children of pre-school age can obtain treatment for minor ailments at the School Medical Clinics.

3. Infant Consultation Centre.

As a result of the National Health Service Act 1946, the City ceased to be responsible for all specialist services on July 5th. The out-patient

paediatric clinic held at the Radcliffe Infirmary was therefore no longer known as an Infant Consultation Centre from that date. Cases seen at the Child Welfare Clinics and requiring specialist advice are referred to the Paediatric Department with whom there is the closest collaboration and co-operation.

4. Exchange of Medical staff with Paediatric Department.

Arrangements were made towards the end of the year for the paediatric registrars (one from the Radcliffe Infirmary and one from the Churchill Hospital) to act as medical officers at two of our Child Welfare Clinics. At the same time two Assistant Medical Officers of Health go to the paediatric out-patient department for one session a week to assist in certain research investigations. The exchange arrangement has been welcomed by all concerned.

5. Teaching of Medical Students.

Medical Students from the Radcliffe Infirmary continue to attend Child Welfare Clinics for instruction. Each student is expected to attend 6 sessions during his 6 months' training in obstetrics and gynaecology.

6. Table of Infant Deaths in 1948 (under the age of one year).

Causes of death	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-	1-				3-	6-	9-12			
		1-	2-	3-4							
1. Prematurity 	8	—	—	—	8	—	—	—	8	8	
2. Birth Injuries 	7	—	—	—	7	—	—	—	7	7	
3. Congenital malformations... 	1	—	1	1	3	1	1	—	5	3	
4. Other diseases peculiar to early infancy ...	3	1	—	—	4	—	—	1	5	4	
5. Pneumonia	2	1	—	1	4	2	—	1	8	5	
6. Bronchitis 	—	—	—	—	—	1	—	—	1	1	
7. Whooping Cough 	—	—	—	—	—	1	—	—	1	1	
8. Other respiratory diseases 	—	—	—	—	—	—	—	1	1	1	
9. All other causes 	—	—	—	—	—	1	—	1	2	—	
Totals	21	2	1	2	26	6	1	3	38	30	

Comment on infant deaths.

The low figure of 38 infant deaths in the year (representing an Infant Mortality Rate of 23.34) compares favourably with the figure of 56 (representing an Infant Mortality Rate of 29.55) for 1947. It is satisfactory to note that there were no deaths from gastro-enteritis.

7. Nursery Accommodation.

(a) Day Nurseries.

Accommodation for 70 children is provided as follows:—

Nursery	No. of places available	Average No. on Register	Average daily attendance	No. of Staff
Botley Road	40	39	31.30	8
Florence Park	30	31	25.15	6

As from July 5th, no fee was chargeable but a small payment is made for the children's meals.

Both nurseries are training schools for the National Nursery Nurses' Certificate.

(b) Short Stay Residential Nursery.

Administration of the Short Stay Residential Nursery was transferred to the Children's Department on 13th September, 1948.

The following figures show the extent to which the accommodation was used during the six months January to June, 1948:—

Number of places available	..	..	..	..	15
Average weekly number in Nursery	..	..	..	..	10.9
Total number of admissions for the half year	..	..	..	..	59
Total number of discharges for the half year	..	..	..	..	57

(c) Red Cross Nursery.

The Health Department continued to loan premises at Northern House for the use of this nursery. 41 children were on the register during the year. The staff is provided by the British Red Cross Society and the Nursery is open on one afternoon each week.

8. Mother and Baby Hostel.

A long-felt need was satisfied in November, 1948, when a hostel for unmarried mothers and their babies was opened at 11A Clark's Row (formerly Skene House). The hostel accommodates mothers who are keeping their babies but have nowhere to live. When they are fit enough to do so they can go out to work and leave their babies in the care of the trained staff which consists of a Matron and a Nursery Nurse.

By the end of the year 3 antenatal mothers and 5 mothers and babies had been admitted,

SECTION VI

DENTAL SERVICE.

REPORT BY J. F. ALLIN, M.C., L.D.S., R.C.S.,
Chief Dental Surgeon.

Staff.*Chief Dental Surgeon:*

J. F. ALLIN, M.C., L.D.S., R.C.S. Eng.

Assistant Dental Surgeons:

Mrs. M. B. DEVERELL, L.D.S., R.C.S. Eng. resigned 28.2.48.

Mrs. M. M. FOX, L.D.S. Glasgow, resigned 30.6.48.

Miss P. M. T. MORGAN, L.D.S., R.C.S. Eng., 10.5.48 to 31.10.48.

Miss M. J. MICKLER, L.D.S. Durham, 12.7.48 to 30.11.48.

Miss G. M. BROADBENT, L.D.S. Manchester, appointed 1.10.48.

Dental Attendants:

Miss N. M. ADAMSON, resigned 30.4.48.

Miss B. J. ROLFE.

Mrs. J. D. KIRK, resigned 28.2.48.

Miss E. W. GARRETT, appointed 1.5.48.

Miss K. M. E. GRIFFITHS, appointed 5.5.48.

Miss J. G. McPHERSON, appointed 27.9.48.

Dental Clerk:

Miss V. M. GIBBS.

Work was much hindered by changes and resignations of dental surgeons, and the full complement allowed—one chief and three assistants—only existed for a brief period. Thus, except for St. Aldate's, no clinic could be kept open throughout the entire year.

I. Period up to 4th July.**A. MOTHERS.**

Expectant and nursing mothers referred from antenatal clinics and the Radcliffe Infirmary Maternity Home were inspected and treated on Saturday mornings at the clinics at 60 St. Aldate's, Donnington and Bury Knowle. The aim of the service was to make each patient dentally fit. Any failure to obtain complete treatment was due to the patient's inability to attend for additional appointments.

Particulars of work done are as follows:—

Expectant Mothers:

Inspected	...	...	...	96	Attendances made	...	...	213
Treated	...	...	...	89	Extractions	...	...	173
Fillings	...	...	...	131	Other operations	...	...	60
Dentures	...	...	...	22				

Nursing Mothers:

Inspected	...	...	...	42	Attendances made	...	...	137
Treated	...	...	...	42	Extractions	...	...	78
Fillings	...	...	...	41	Other operations	...	...	77
Dentures	...	...	...	30				

B. CHILDREN UNDER 5 YEARS OF AGE.

These children were sent by the Health Visitors or brought voluntarily by their parents.

Particulars of work done:—

Treated	...	...	...	53	Attendances made	...	...	65
Fillings	...	...	...	42	Extractions	...	...	48
					Other operations	...	...	16

Children under 5 years of age attending Nursery Schools or Classes were treated under the School Dental Scheme.

II. Period from 5th July.

The staff hitherto consisting of a chief dental surgeon and two assistants was increased by a third assistant dental surgeon and an additional clinic was opened in East Oxford from 1st October.

In addition to mothers referred from the Municipal Antenatal clinics and the Radcliffe and Churchill Maternity Homes, cases were received from other sources including private medical practitioners, the Mother and Baby Hostel and from Oxfordshire County areas immediately surrounding the City.

The following dental clinics opened for one day each week:—

60 St. Aldate's	Thursday
Donnington	Wednesday
Bury Knowle	Friday
East Oxford	Tuesday.

The day of opening was the same as that on which the antenatal clinics were held on the same premises. This simplified arrangements as a doctor was available for consultation or to give a general anaesthetic.

Particulars of work done:—

A. MOTHERS*Expectant Mothers:*

Inspected	...	...	...	106	Requiring treatment	...	...	104
Treated	...	...	...	104	Attendances made	...	...	242
Fillings	...	...	...	115	Extractions	...	...	176
Dentures	...	...	...	12	Other operations	...	...	82

Arrangements were made to recall mothers for further inspections six months after completion of treatment.

Nursing Mothers:

Inspected	...	...	...	22	Attendances made	...	...	90
Treated	...	...	...	22	Extractions	...	...	32
Fillings	...	...	...	14	Other operations	...	...	50
Dentures	...	...	...	22				

B. CHILDREN UNDER 5 YEARS OF AGE.

Arrangements were made to inspect these children every six months, and in order to get in touch with their parents, a list of children in the City, as complete as possible, was supplied through the Superintendent Health Visitor. From this list invitations were sent out to parents to bring their children to the clinic for examination and, if necessary, treatment (a note being added to exclude those actually in attendance at a Nursery School or Class under the Local Education Authority).

Results of the invitations were not at first sight inspiring, but due allowances had to be made for the fact that such a course had never been taken before. Inaccuracies had also crept into the lists on account of removals and children actually at a school, and further the holiday period and individual difficulties prevented attendance.

It was noteworthy that the majority of children were brought by keen and intelligent parents.

Work done is included in the following table:—

Inspected	...	...	...	733	Requiring treatment	...	226
Treated	...	...	...	226	Attendances made	...	277
Fillings	...	...	...	246	Extractions	...	87
					Other operations	...	128

SECTION VII

MENTAL HEALTH.

REPORT BY R. J. GOURLAY, M.D., D.P.H.,
Deputy Medical Officer of Health.

The coming into force of the National Health Services Act, 1946, involved considerable changes in the powers and duties of the Local Health Authority under the Lunacy, Mental Treatment and Mental Deficiency Acts. The Lunacy Acts were previously administered by the Public Assistance Committee and the Mental Deficiency Acts by a Sub-Committee of the Health Committee. Since the 5th July, 1948, all the duties under these Acts have been administered by the Mental Health Sub-Committee of the Health Committee.

The Mental Health Section of the Department has accordingly been reorganised and officers previously concerned with either Lunacy or Mental Deficiency have been combined into one unit responsible for carrying out all the duties of the Local Health Authority in relation to Mental Health.

Local Health Authorities are no longer responsible for the provision and maintenance of hospitals or institutions but they remain responsible for the initial care, certification, conveyance to hospitals or institutions of patients suffering from either mental illness or mental deficiency; for the community care of mentally defective persons, i.e. ascertainment, supervision, guardianship, training, and for the after care of patients suffering from mental illness.

1. Administration.

(a) Constitution of the Mental Health Sub-Committee.

The Mental Health Sub-Committee consists of five members of Council and two co-opted members. Meetings are held monthly.

(b) Staff.

i. *Medical.* The Medical Officer of Health has delegated to his Deputy the day to day problems of the Section and has asked him to attend the meetings of the Mental Health Sub-Committee.

ii. *Non-Medical.*

2 Duly Authorised Officers (1 male, 1 female) full-time.

1 Duly Authorised Officer (male) half-time.

1 Assistant Mental Health Visitor (female) full-time.

These officers undertake the actual social work and community care

required under the Acts. A rota of duty has been arranged so that a Duly Authorised Officer is always available to deal with emergencies.

iii. *Occupation Centre.*

1 Supervisor (female).

3 Assistants (2 female, 1 male).

1 Gardening Instructor (male).

1 Woodwork Instructor (male)—shared with Education Dept.

1 Resident caretaker and cook.

1 Assistant cook.

(c) Co-ordination with Regional Hospital Board and Hospital Management Committees.

The Medical Officer of Health is a member of the Littlemore Hospital Management Committee. The Medical Superintendent of Littlemore Hospital attends the Local Health Authority's Mental Health Sub-Committee meetings and acts in an advisory capacity on psychiatric problems.

Interim arrangements have been made with the Littlemore Hospital Management Committee for help to be given by Duly Authorised Officers of the Local Health Authority in the supervision of patients on trial or licence from hospital.

A happy liaison has been established with the Psychiatric Social Worker at Littlemore Hospital and frequent consultations regarding community care and other problems affecting the welfare of patients take place.

Three of the male staff of Littlemore Hospital have been designated Duly Authorised Officers and are available in an emergency. So far it has not been found necessary to call on their services.

There is an arrangement for mutual help between the Duly Authorised Officers of the City and the County of Oxford to cover such factors as holidays and illness.

(d) Duties delegated to Voluntary Associations.

None of the duties of the Local Health Authority have been delegated to Voluntary Associations but the City Council continues to make a grant to the Oxford Voluntary Association for Mental Health who give financial assistance on behalf of patients under voluntary supervision.

(e) Training of Mental Health Workers.

In September, one of the Assistant Supervisors of the Occupation Centre commenced a one year's course for Occupation Centre Supervisors arranged by the National Association for Mental Welfare,

2. Account of Work undertaken in the Community.

(a) Section 28 of the National Health Service Act, 1946.

The community care of patients on licence or trial continues to be undertaken by officers of the Local Health Authority upon notification being received from the Hospital Management Committees concerned.

The Rehabilitation Officer of the Ministry of Labour gives invaluable assistance in obtaining employment for suitable patients.

(b) Lunacy and Mental Treatment Acts, 1890—1930.

During the period from 5th July—31st December, the following cases have been dealt with by the Duly Authorised Officers:—

Admissions	Certified	44	Total	99
	Temporary	1		
	Voluntary	54		
Discharges	Certified	20	Total	62
	Temporary	3		
	Voluntary	39		

(c) Mental Deficiency Acts 1913—1938.

i. *Ascertainment.*

28 new cases have been added to the Register during the year. Of these, 23 were reported by the Education Committee (8 under Section 57 (3) and 15 under Section 57 (5)). The other five were referred from the Courts for certification under the Act.

Institutional accommodation for mentally defective patients continues to be very limited and the position is particularly difficult in the case of low-grade children. A return made to the Regional Hospital Board towards the end of the year, showed the number for whom immediate provision was urgently required as:—

Children under 5 years	3	Total	15
Children 5—15 years ..	8		
Adults	4		

ii. *Guardianship and Supervision.*

During the year 5 cases were placed under guardianship. The total remaining under guardianship at the end of the year was 13 of which 6 are under the care of the Brighton Guardianship Society and 7 are in Oxford.

These cases are visited regularly by the Duly Authorised Officers and are medically examined every three months, usually by their private doctors who are reimbursed for these examinations by the Local Authority.

At the end of the year, there were 97 cases under statutory supervision and 126 under voluntary supervision,

iii. *Training.*

Fifty-five defectives attend the Occupation Centre at Bayswater Rise, Headington, of whom 33 are City cases. The remainder come from Oxfordshire and from the Old House, Wheatley. Their ages range from 3 years to 40 years. Instruction is given in all forms of handwork and woodwork and the older defectives are encouraged to work in the garden. Great emphasis is placed on social training.

Arrangements are made for these defectives to be transported to and from the Centre in a bus accompanied by a member of the staff.

Excellent work is done at the Centre by a most competent and enthusiastic staff despite rather inadequate accommodation. Steps are being taken to provide more spacious premises.

In addition, suitable patients receive instruction in their homes from a Home Teacher employed by the Oxford Voluntary Association for Mental Health who receive payment for this service from the Local Authority.

iv. *Institutional care.*

152 patients (63 males and 89 females) are in institutions and 32 patients (16 males and 16 females) are on licence from institutions. Most of this latter group are in private employment or in hostels earning normal wages. Of the 152 patients in institutions 86 are in Borocourt (32 males and 54 females). The other 66 are distributed in the following way:—

Institution	Males	Females
Addlestone, Bicton Croft School	1	—
Alton, St. Mary's Home	—	2
Aylesbury, The Manor House	—	4
Barvin Park, Potter's Bar	6	—
Bath, Rock Hall House	—	2
Bristol, Brentry Colony	1	—
Buntingford, St. Francis School	5	—
Buxted, St. Mary's Home	—	2
Caterham, St. Lawrence Hospital	1	—
Caversham, St. Agnes' School	2	—
Cell Barnes Colony, St. Alban's, Herts... .. .	2	1
Chipping Norton, Public Assistance Institution	3	4
Cumnor Rise, Oxford	—	6
Easthampstead	1	—
Etloe House, Leyton	—	1
Hortham Colony, Gloucestershire	4	1
Pewsey Colony, Wiltshire	—	1
Redhill, Royal Earlswood Institution	—	—
Reigate, Ellen Terry National Homes	—	1
Sheffield, St. Joseph's Home	—	3
Stoke-on-Trent, Stallington Hall	2	—
Stoke Park Colony, Bristol	1	2
Stourbridge, Sunfield Children's Homes	1	—
Wheatley, The Old House	1	4
Worthing, Home of the Holy Rood	—	1
	31	35

In State Institutions for dangerous defectives there are 8 males and 5 females.

3. Ambulance Service.

Use is made of the local authority's ambulance service to transport patients dealt with under the Lunacy and Mental Treatment Acts. In the case of patients dealt with under the Mental Deficiency Acts it has been found, as a rule, more convenient for the Duly Authorised Officers to use their own cars for transport.

SECTION VIII

WELFARE SERVICES.

REPORT BY J. H. B. WRIGHT,
Chief Welfare Services Officer.

The National Assistance Act, 1948, came into operation on the 5th July, 1948. It was agreed with the Minister of Health that the discharge of all the Local Health Authority's functions under the Act should become the responsibility of the Health Committee.

The Health Committee established a Welfare Services Sub-Committee to exercise these functions on their behalf. At present this Sub-Committee is constituted solely of members of the Local Authority but consideration will be given to the co-option of persons having special knowledge or experience of the matters for which the Sub-Committee is responsible.

The Medical Officer of Health is responsible for the general administration of the functions of the Local Health Authority under the Act.

A Welfare Services Section of the Health Department has been established and a Chief Welfare Services Officer appointed to deal with the day to day administration. He is assisted by an Assistant Welfare Services Officer (half time) and two Clerks.

Schemes prepared under sections 21, 29 and 30 of the Act have been submitted to the Ministry of Health.

ACCOMMODATION FOR AGED AND INFIRM, AND HOMELESS PERSONS.

Section 21 of the Act reads:—

“The Local Authority shall provide—

(a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them;

(b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.”

(a) Residential Accommodation.

This accommodation is at present provided at “The Laurels”, London Road, Headington, which was previously the London Road Hospital.

There are two blocks of buildings in which 120 residents can be accommodated as follows:—

- Block 1. 36 males in 4 dormitories.
19 females in 6 dormitories.
- Block 2. 31 males in 5 dormitories.
34 females in 7 dormitories.

Separate accommodation for married couples can be arranged.

The residents have recreational facilities including wireless and a reading room. A Chapel is available in the premises but residents may attend any place of worship of their choice. Cigarettes or tobacco are provided free to those residents who smoke.

The staff consists of—

- Matron and Deputy Matron, both of whom are State Registered Nurses.
- Senior Male Officer.
- 2 Assistant Nurses.
- 5 Female Attendants.
- 7 Male Attendants.
- Occupational Therapist (part-time).
- Ancillary workers.

A general medical practitioner visits regularly and attends at any time on request. Most of the residents are on this doctor's list but they have complete freedom to select a doctor of their choice. All the facilities of the National Health Service Act are available to the residents should the need arise.

The cost for the maintenance of each resident is fixed at £4 per week. Each resident is assessed and pays according to his or her income. Where the only income is the National Assistance Board grant of 26/- per week, £1 1s. 0d. is paid for maintenance, allowing 5/- per week for pocket money.

In addition to "The Laurels", the following Voluntary Homes are situated in the City:—

- St. Basil's, 293 Iffley Road. Accommodation for 26 females.
- St. John's, St. Mary's Road. Accommodation for 60 females.
- Nazareth House, Cowley Road. Accommodation for 22 females and 9 males.
- Council of Social Service Home, 115 Banbury Road. Accommodation for 17 (males, females or married couples).
- The Elizabeth Nuffield Home, 165 Banbury Road. Accommodation for 24 females.
- British Red Cross Society's Home, 107 Banbury Road. Accommodation for about 20 persons.

At present the City Council are responsible for paying the Supplementary Pension of 12 cases in St. Basil's, 3 cases in St. John's and 5 cases in Nazareth House.

Extensive adaptations and additions at "The Laurels" are planned to provide an increased number of single bedrooms and more suitable washing and sanitary accommodation. In addition it is hoped to create a more home-like atmosphere by re-decoration and the provision of comfortable armchairs and other furniture.

It is considered that Homes accommodating about 25—30 persons are more desirable than large Homes and it is hoped to provide several of these in the future.

(b) Temporary Accommodation.

This is also provided at "The Laurels"—9 beds being set aside for emergency admissions. Mothers with babies are, however, admitted to the Mother and Baby Hostel, 11A Clark's Row, St. Aldate's.

WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS.

(a) Blind Welfare.

The Local Authority continues to be responsible for the welfare of the blind, with the exception that payment of grants is now made by the National Assistance Board.

An Almoner has been appointed who gives half-time service to the visiting of the blind in the City and half-time to the Eye Hospital. This provides a most valuable link between the hospital and domiciliary services.

A part-time Home Teacher is employed to teach Braille. It is intended to appoint a full-time Home Teacher in the near future who, in addition to teaching Braille, will give instruction in handicraft-work.

The following table shows the number of Registered Blind Persons in the City in age groups:—

0-1		1-5		5-16		16-21		21-40		40-50		50-65		65-70		70-	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	1	—	—	10	7	9	7	16	18	11	13	19	24

Total 65 males and 70 females = 135 (101 are over 50 years old).

The Local Authority bears the cost of the medical examination of all applicants for registration as Blind Persons. This examination is carried out by a medical practitioner with special experience in Ophthalmology. If there is any doubt as to whether a person should be certified as blind, the case is referred to a medical referee.

Workshop Employment.

Workshops for the blind are provided at Greyfriars, Paradise Street,

and 4 Little Clarendon Street where the following are employed:—

<i>Men</i>	<i>Women</i>	<i>Trade</i>
2	—	Basket work.
1	—	Mat making.
—	1	Chair repairing.
—	2	Knitting.

Home Employment.

Certain blind persons are employed in their own homes as “Home Workers”. They cannot participate in the Home Workers’ Scheme unless they are capable of earning an agreed minimum weekly wage. There are 9 blind persons so employed in the following occupations:—

<i>Occupation</i>	<i>Men</i>	<i>Women</i>
Basket Maker	1	—
Copyists	1	1
Cycle Repairer	1	—
Masseur	1	—
Music Teacher	1	—
Piano Tuner	1	—
Canvasser	1	—
Firewood dealer	1	—

In addition, some blind persons work at home as “Pastime Workers”. They receive a grant from the National Assistance Board and may earn up to £1 per week, by making articles.

Marketing of Goods.

A shop is established at 4 Little Clarendon Street where articles made by the blind employed as home workers, pastime workers or in the workshops, are sold to the public.

Social Welfare.

Various social events are arranged for the blind. These include a Party at Christmas time and an Outing in the Summer and monthly Social Meetings organised by the Almoner. All these events are popular and well attended.

Embossed literature is obtained from the National Institute of the Blind Library and is paid for by the Local Authority.

Home visiting is a most important part of the Blind Welfare Service as it is in this way that the special needs of the blind can be ascertained and help given in dealing with problems which may cause anxiety to a blind person.

(b) Partially-sighted Persons.

The expression “partially-sighted person” means a person who is substantially and permanently handicapped by congenitally defective

vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

A register known as the "Observation" Register has been established in which partially-sighted persons may be registered and classified.

An examination by a medical practitioner with special knowledge and experience of Ophthalmology is carried out as for blind persons.

The provisions of the scheme for the welfare of the blind apply equally to partially-sighted persons.

(c) Deaf and Dumb.

The welfare of the deaf and dumb in the City is undertaken by the Oxford Diocesan Association for the Deaf and Dumb acting as agents for the City Council. It is hoped that this Association will also accept responsibility for the welfare of the Deaf and Dumb in Berks, Bucks and Oxon, each authority contributing to the cost of the service on a population basis.

(d) Hard-of-Hearing.

Agreement has been reached with the United Oxford Hospitals whereby the welfare of hard-of-hearing persons in the City becomes the responsibility of the Department of Otolaryngology at the Radcliffe Infirmary.

This arrangement which is for an experimental period of one year, was made towards the end of 1948 and it is, therefore, too early to give a more detailed report.

(e) Other handicapped persons.

In co-operation with the Ministry of Labour, a survey is being made to assess the needs of other classes of handicapped persons.

It is hoped to establish a Sheltered Workshop in the City where all classes of handicapped persons can be employed in suitable occupations.

Persons without a settled way of living.

Under section 17 (1) of the National Assistance Act, 1948, it became the duty of the National Assistance Board, as from July 5th, to provide and maintain centres for the temporary board and lodging of this class of person. A few days previous to the appointed day, the Regional Officer of the Assistance Board asked if the Welfare Services Committee would, for the time being, continue to care for wayfarers entering the City as they, themselves, had no facilities to deal with them. Arrangements were therefore made with the Board of Governors of the United Oxford Hospitals to continue to use a small portion of the front block at Cowley Road Hospital with accommodation for 6 male wayfarers.

A former member of the Public Assistance staff at the Hospital dealt with applications for admission. This arrangement, which was by no means satisfactory, continued until the 31st October, 1948. After this date, the Assistance Board took over their responsibilities and arranged with the Church Army Authorities to reserve 4 beds for the accommodation of casual wayfarers. Application must be made to the Police for the necessary admission order. Up to the present this arrangement is said to be satisfactory.

Meals on Wheels.

To meet the need of old people in the City who are unable, by reason of infirmity or lack of help, to obtain cooked meals, the British Red Cross Society and the Women's Voluntary Service run a "meals on wheels" service.

It is difficult at the present time to assess the total need of the City for this service but it has been estimated that between 200 and 500 cases would benefit if the Service could be extended.

The meals are provided from two Municipal Restaurants in the City and are packed in containers for distribution by transport supplied by the B.R.C.S. and the W.V.S. A charge to cover the cost of the meal is made to the old people. Owing to the fact that the kitchens at the restaurants are working to capacity, it has been found impossible to provide more than 100 meals per week but it is hoped that this service will be greatly extended in the future.

Old Peoples' Clubs.

There are 10 clubs for old people situated in the different areas of the City, 6 of which are run by the B.R.C.S., 3 by the W.V.S. and 1 by the Women's Electrical Association.

The clubs are open on one afternoon each week and tea, cakes, etc., are provided at a nominal sum. It is estimated that the average attendance at each club is 50.

In addition, various social activities such as outings, whist drives, etc., are arranged.

Removal to suitable premises of persons in need of care and attention.

Under section 17 of the National Assistance Act, 1948, the Medical Officer of Health has power to apply to the Court for an Order to remove to suitable premises, persons in need of care and attention who refuse the accommodation which is desirable for them. Up to the present, it has not been necessary to take proceedings under this section of the Act.

Duty of Councils to provide temporary protection for property of persons admitted to hospitals, etc.

Section 48 of the National Assistance Act, 1948, imposes on the Council the duty of protecting any movable property of persons admitted to hospital or any other place when it appears to the Council that there is danger of loss of or damage to the property.

A portion of the building in front of The Laurels has therefore been equipped and set aside for this purpose and, up to the present, has proved adequate.

Burial or Cremation of the Dead.

Under section 50 of the National Assistance Act, 1948, it is the duty of the Council to cause to be buried or cremated, the body of any person who has died or been found dead in their area, in any case where no suitable arrangements for the disposal of the body have been made.

During the period 5th July to 31st December, it was necessary for the Council to arrange for 4 such burials. Two of the persons died in hospital. Hospital Authorities have now received authority from the Ministry of Health to arrange for the burial of any person dying in hospital who would otherwise have to be dealt with under this section.

SECTION IX

ENVIRONMENTAL HYGIENE.

REPORT BY STEWART SWIFT, M.B.E., CHIEF SANITARY INSPECTOR.

The work of the Sanitary Section comprises the Sanitary Circumstances, Housing, and the Inspection and Supervision of Food.

SANITARY CIRCUMSTANCES.

(a) Water Supply.

The following report has kindly been supplied by the City Water Engineer, H. H. Crawley, Esq., A.M.Inst.C.E., M.I.W.E.

The water supply of the City of Oxford and its surrounding area was satisfactory in quality and quantity during the year with the exception of six days at the end of February during which taste trouble was experienced. This, it is believed, was due to the presence of phenol in the raw water which produced a chloro-phenol taste.

The total quantity of water treated at Swinford Works and pumped to Beacon Hill Reservoir during the year was 2,230,696,000 gallons or an average consumption per head per day for domestic purposes of 26.9 gallons.

Bacteriological Examinations.

Each month, samples of the River Thames water, which is the sole source of supply, were taken together with samples of the water after settlement, after filtration and of the final chlorinated water leaving Swinford Works.

The results of these examinations showed the following ranges in the probable number of coliform bacilli (2 days at 37°C.) per 100 m.l.:—

River Thames samples	..	..	..	5 to 3000
Settled water samples	..	..	..	25 to 3000
Filtered water samples	..	..	..	3 to 700
Chlorinated water samples	..	..	..	0

Additional bacteriological samples were also taken at least once a week from each of the service reservoirs and from consumers' taps in various parts of the area. The results of these were as follows:—

Place of Sampling	Total no. of samples taken during the year	Results. Ministry of Health Grade				Grade 1 samples as a percentage of total number
		1	2	3	4	
Works Cottages, Swinford ...	13	13	—	—	—	100%
Beacon Hill Reservoir	51	51	—	—	—	100%
Headington Reservoir	52	51	1	—	—	97.5%
Shotover Reservoir	93	85	7	1	—	91.5%
Boars Hill Reservoir	53	46	7	—	—	86.8%
Consumers' Taps ...	109	104	4	1	—	95.6%
Totals	371	350	19	2	—	94.4%

The organisms causing the lower grade results were mainly of non-faecal origin but additional chlorination at the points concerned was carried out as a safeguard.

A typical result of a bacteriological examination of the water as taken from the mains is:—

Probable No. of Coliform bacilli (2 days at 37°C.) . . 0 per 100 m.l.
Ministry of Health Grade 1.

Chemical Analyses.

Samples were taken every month of the filtered water before chlorination, all of which were satisfactory. A typical result is given below.

Physical Characters.

Reaction	.. .. .	Alkaline
Colour in 2 ft. stratum	.. .. .	Clear, pale green
Suspended matter	.. .. .	Nil.

Chemical Characters.

Parts per 100,000

Total solids dried at 100°C.	.. .. .	37.5
Loss on ignition	.. .. .	6.5
Chlorine in chlorides	.. .. .	2.10
do. \times 1.647 = sodium chloride	.. .. .	3.45
Nitrites	.. .. .	Nil.
Nitrogen as nitrates	.. .. .	.30
Saline ammonia	.. .. .	.0014
Albuminoid ammonia	.. .. .	.02
Oxygen absorbed: 3 hrs. at 37°C.	.. .. .	.14
Hardness: Total	.. .. .	23.0
Temporary	.. .. .	15.0
Permanent	.. .. .	8.0
Phosphate as PO ₄	.. .. .	.011
Silica as SiO ₂	.. .. .	.20
Poisonous metals: Lead	.. .. .	Nil.
Copper	.. .. .	Nil.

Result: Satisfactory.

Reference has been made at the beginning of this report to the taste trouble experienced in February. When this occurred activated carbon dosing of the raw water was carried out to eliminate the phenolic constituents and this procedure has been continued ever since as a precaution against reoccurrence. Extensive flushing of mains was done to get rid of the trouble as quickly as possible.

The estimated population of the City was 105,150 and the number of dwelling houses 24,838. With the exception of Binsey Village, where there is a well supply, with storage tank, the water gravitating to the homes, and eight standpipes supplying approximately 75 persons, all the properties are supplied from public water mains.

(b) Swimming Baths and Bathing Places.

i. Temple Cowley Swimming Baths.

The water is chlorinated. Samples of the water, at the points of inlet and outlet, are examined each month. No coliform bacilli were found in any of the 24 samples examined during the year, and the water was consistently bacteriologically highly satisfactory.

ii. Hinksey Swimming Pools.

A series of samples were taken from the swimming pools at Hinksey on 12th May, 1948, when the probable number of coliform organisms varied from 25 to 45 per ml. per pool. There is a continuous flow of water through the pools.

iii. River Bathing Places.

Samples of water from the river bathing places were obtained on 12th May, 1948, when the probable number of coliform organisms varied from 150 to at least 1,800 per ml. per bathing place. In all cases there is a more or less continuous flow of water through the bathing places.

Arrangements have been made to carry out a comprehensive investigation of the condition of the water at the Hinksey Pools and the river bathing places, during 1949, to ascertain whether any practical steps can be taken to improve the quality of the water and reduce the degree of contamination.

(c) Drainage.

The following drainage work was carried out under the supervision of the Department:—

Drains examined	..	..	..	..	..	—
Drains cleansed	..	..	..	..	..	17
Drains repaired or reconstructed	..	..	..	..	..	11
Premises drained to sewer	..	..	..	..	..	—
Soil pipes or vent shafts repaired	..	..	..	..	..	2
Interceptors provided	..	..	..	..	..	—

Inspection chambers provided	3
Fresh air inlets fixed	1
Vent shafts provided	—
New gullies provided	2
Miscellaneous drainage items	9

(d) Closet Accommodation.

The following work was carried out:—

New W.C. basins provided	28
W.C. cistern or fittings repaired	18
W.C. compartments repaired	12
Miscellaneous items	19

(e) Sanitary Inspection of the District.

(1) NUMBER AND NATURE OF INSPECTIONS.

The following inspections were made by the sanitary inspectors to the premises detailed:—

<i>Nature of Inspection.</i>	<i>No. of visits.</i>
<i>General Sanitation.</i>	
Water Supply	22
Drainage	221
Stables and Piggeries	45
Offensive Trades	3
Fried Fish Shops	25
Common Lodging Houses	77
Tents, Vans and Sheds	186
Factories, Workshops and Workplaces	96
Outworkers	36
Bakehouses	92
Public Conveniences	7
Theatres and Places of Entertainment and Licensed Premises	7
Refuse Collection	180
Refuse Disposal	4
Rats and Mice	618
Smoke Observations	10
Shops	2
Schools	67
Interviews	537
Miscellaneous Sanitary Visits	2,098
	— 4,333
Carried forward	4,333

<i>Nature of Inspection.</i>				<i>No. of visits.</i>
Brought forward				4,333
<i>Housing.</i>				
Under Public Health Acts:				
No. of houses inspected			104	
Visits paid to above houses				322
Under Housing Acts:				
No. of houses inspected			243	
Visits paid to above houses				2,189
Overcrowding:				
No. of houses inspected			12	
Visits paid to above houses				16
Verminous Premises:				
No. of houses inspected			65	
Visits paid to above houses				119
University Lodgings				151
Requisitioned Property				891
Miscellaneous Housing Visits				1,227
				———— 4,915
<i>Infectious Diseases.</i>				
Total Visits				5
Visits in connection with the inspection and supervision of Food (See p. 105 for details) ..				
				4,416
Total visits paid by Sanitary Inspectors ..				13,669
Total visits paid by Sanitary Inspectors				13,669
Total visits paid by Rodent Operatives				2,785
Grand Total				16,454

(2) NUMBER OF NOTICES SERVED.

To secure the abatement of nuisances and the removal of conditions dangerous to health, the following action was taken:—

No. of informal notices served	243
No. of informal notices complied with	212
No. of statutory notices served	47
No. of statutory notices complied with	34

(3) COMPLAINTS RECEIVED.

During the year 1948, 1,112 complaints were received relating to the following matters:—

<i>Nature of Complaint.</i>						<i>No. received.</i>
Choked drains	..	..	..	..	..	49
Defective drains	..	..	..	..	..	14
Defective water supply	..	..	..	..	..	51
Defective water closets	..	..	..	..	..	64
Offensive smell	..	..	..	..	..	47
General housing defects	..	..	..	..	..	354
Dampness	..	..	..	..	..	45
Smoke nuisance	..	..	..	..	..	8
Noise nuisance	..	..	..	..	..	6
Dirty premises	..	..	..	..	..	10
Verminous premises	..	..	..	..	..	48
Keeping of animals	..	..	..	..	..	6
Insect pests	..	..	..	..	..	97
Rats and mice	..	..	..	..	..	248
Accumulation of refuse	..	..	..	..	..	2
Overcrowding	..	..	..	..	..	14
Caravan dwellers	..	..	..	..	..	1
Miscellaneous	..	..	..	..	..	48
Total						1,112

Each complaint is investigated and any necessary action taken.

(f) Smoke Abatement.

Public Health Act 1936.

During the year action has been mainly confined to cases of grit emission which continue to be the cause of considerable concern. This is due partly to inferior fuel, and also to the use of fuel which is unsuitable for the particular plant in question. Although under suitable conditions it is possible to burn low grade fuel on most plants it is essential that the type of fuel should not be changed. During the year complaints have continued to be received of a nuisance arising from the emission of grit from the Electricity Generating Station in Osney. Although every effort is being made by the staff to reduce this nuisance their task is rendered difficult owing to the frequent change in the type of fuel received. During one period of six months no less than 32 different types of fuel were consigned to the station.

(g) Factories and Workshops.

Factories Act 1937.

The following tables show the inspections of factories, workshops and workplaces, together with the defects found and remedied.

1. Inspection of Factories, Workshops and Workplaces.

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
Factories (including Factory Laundries)	83	60	3	—
Workshops (including Workshop Laundries)	224	36	12	—
Workplaces (other than Outworkers' premises)	6	—	—	—
Totals	313	96	15	—

2. Defects found in Factories, Workshops and Workplaces.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	1	1	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	5	5	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	8	8	—	1	—
(b) Unsuitable or defective	3	3	—	8	—
(c) Not separate for sexes	1	1	—	4	—
Other offences (not including offences relating to Homework)	12	12	—	—	—
Total	30	30	—	13	—

Outworkers.

The names and addresses of 73 Outworkers engaged in the making, etc., of wearing apparel were received and 36 visits were paid. No action was necessary under Section 111 of the Factories Act, 1937.

During the year 13 notices were received from H.M. Inspector of Factories referring to defects remediable under the Public Health Acts.

(h) Common Lodging Houses.

Byelaws under Section 240, Public Health Act, 1936.

There are 2 registered common lodging houses in the City, the Church Army Hostel, and No, 2 Charles Street, St. Ebbe's,

The accommodation available is as follows:--

					<i>No. of Beds.</i>
Church Army Hostel	..	..	..	..	62
2 Charles Street	..	..	..	..	42
					<hr/>
Total number of beds	..	..	..	..	104
					<hr/>

The whole of the above accommodation is for males and there are no beds available in the City for females. 77 visits were paid to these premises during the year. Owing to the unsatisfactory state of 2 Charles Street, the City Council made a Compulsory Purchase Order under the Housing Act, 1936, and at the close of the year negotiations were in progress with a view to the Church Army using the premises as an annexe to their Hostel in Cambridge Terrace.

(i) Tents, Vans and Sheds.

Public Health Act, 1936.

Byelaws under Section 268, ditto.

During the year 37 tents, vans, sheds, and similar structures were licensed by the City Council and they continue to require constant supervision in order to secure compliance with the Council's byelaws, a total of 186 inspections being made.

(j) Offensive Trades.

Public Health Act, 1936.

Byelaws under Section 108, Public Health Act, 1936.

There is only 1 offensive trade carried on in the City, being a tripe boiler. In general, the work is carried on without nuisance.

(k) Canal Boats.

Public Health Act, 1936.

Canal Boats Regulations.

No new boats were registered during the year.

(l) Rodent Control.

Rats and Mice (Destruction) Act 1919.

Infestation Order 1943.

618 visits were paid by the Sanitary Inspectors during 1948 in connection with the destruction of rats and mice.

There are now 5 Operatives engaged on the work of rodent control and during the year they paid the following visits:—

Dwelling houses, first visits	..	..	..	333	
„ „ re-visits	..	..	..	1,407	1,740
Business premises, first visits	..	..	..	184	
„ „ re-visits	..	..	..	861	1045
					<hr/>
					2,785
					<hr/>

The work of rodent control is carried out strictly in accordance with the methods recommended by the Ministry of Agriculture and Fisheries, which in brief consists of pre-baiting followed by the use of poisonous baits. Post baiting to determine the effect of treatment is always undertaken.

The number of baits laid during the year was as follows:—

Pre-baits	7,159
Poisonous baits	2,188
Post baits	866

Sewer Treatment.—With the appointment of additional Rodent Operatives, and by arrangement with the City Engineer, the treatment of sewers was commenced in May, 1948, and the following is a summary of the work completed by the end of the year:—

Initial Treatment:

Number of manholes opened	..	..	..	1,414
Number of pre-baits laid	..	..	..	2,828
Number of "Takes"	..	..	..	390
Number of poison baits laid	..	..	..	390

In Oxford the treatment of sewers is rendered difficult owing to the large number of sewers subject to surcharging where the normal treatment is impossible. Taking the City as a whole, however, the work already completed shows that the degree of sewer infestation is not great. The areas chiefly affected are in the centre and older parts of the City.

(m) Rag Flock.

Rag Flock Acts, 1911 and 1928.

No action was taken under these Acts during the year and no samples were obtained.

(n) University Lodgings.

The City Council entered into an agreement which took effect from 1st April, 1936, whereby the Chief Sanitary Inspector was appointed the Sanitary Officer to the University Delegacy of Lodgings.

The inspection of University Lodgings involves:—

- (a) detailed inspections in the case of applications for licences (including a complete test of the drainage system); and

(b) an annual inspection of all licensed lodgings.

The Chief Sanitary Inspector is personally responsible for the approval of all new lodgings but the annual inspections are carried out by the District Sanitary Inspector. Reports are submitted to the Controller of Lodgings, with whom very close co-operation is maintained in all aspects of the work.

During 1948 a total of 151 visits were paid to University Lodgings.

(o) Shops.

Shops Act, 1934.

No special action was necessary during the year.

HOUSING.

(A) STATISTICS.	Total
Number of New Houses erected during the year:—	
(i) By Local Authority	
Temporary Pre-fabricated	—
Non-Traditional	353
Traditional	163
(ii) By the Local Authority outside city	—
(iii) By other Local Authorities	—
(iv) By other bodies and persons	12
1. Inspection of Dwelling-houses during the year:—	
(1) (a) Total number of dwelling-houses inspected for Housing defects (under Public Health or Housing Acts)	347
(b) Number of inspections made for the purpose ..	2,511
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	243
(b) Number of inspections made for the purpose ..	2,189
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	3
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..	67

2. Remedy of defects during the year without the service of formal notices:—

	Total
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	118

3. Action under Statutory Powers during the year:—

A. Proceedings under Sections 9, 10 and 16 of the Housing Act 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	43
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	32
(b) By Local Authority in default of owners.. ..	11

B. Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	5
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By owners	5
(b) By Local Authority in default of owners.. ..	—

C. Proceedings under Sections 11 and 13 of the Housing Act 1936:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	13
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	2

D. Proceedings under Section 12 of the Housing Act, 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	5
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

(B) HOUSING ADMINISTRATION.

(1) Individually Unfit Houses.

During the year the following work was carried out under the supervision of the Sanitary Inspectors:—

DETAILS OF HOUSING REPAIRS CARRIED OUT DURING THE YEAR 1948.

Nature of repairs	Number completed after	
	Preliminary Notice	Statutory Notice
HOUSING		
Roof repaired or renewed	91	15
Chimney Stack repaired or renewed	4	—
Gutters repaired or renewed	39	18
Rainwater Pipes repaired or renewed	10	8
External Walls repaired or repointed	19	8
Window and Door Sills repaired or renewed	6	—
Dampness abated:—		
i. repairs to roof	25	3
ii. repairs to gutters or rainwater pipes	10	16
iii. repairs to external walls	2	—
iv. waterproofing of internal walls	2	—
v. D.P.C. provided	—	—
vi. D.P. plinth provided	2	—
Sub-Floor ventilation provided	1	—
Sub-Floor Ventilators repaired or renewed	—	—
Through Ventilation provided	—	—
Permanent Ventilation provided	—	—
Yard or Passage Surface paved or repaired	12	2
Wall Plaster repaired	56	9
Ceiling Plaster repaired	65	15
Walls cleaned or redecorated	23	6
Ceilings cleaned or redecorated	39	9
Windows repaired or renewed	32	16
Sashcord provided	66	12
Doors repaired or renewed	8	2
Floor repaired or renewed	36	13
Stairs repaired or renewed	2	2
Firegrates or Ranges repaired or renewed	26	6
New Sink provided	6	—
New Sink W.P. provided	8	—
Separate Water Supply provided	—	—
Washing Copper repaired or renewed	3	—
Washhouse rebuilt or repaired	—	—
Washing Accommodation provided	—	—
Ventilated Food Store provided	—	—
Food Store repaired or improved	—	—
Refuse Receptacle provided	71	—
Verminous Rooms disinfected	—	—
Miscellaneous Housing items	12	1
TOTALS	676	161

(2) Clearance Areas.

No action during the year.

(3) Re-development Area.

No action during the year.

INSPECTION AND SUPERVISION OF FOOD.

(A.) MILK AND MILK PRODUCTS.

Food and Drugs Act, 1938.

Milk and Dairies Order, 1926.

Milk (Special Designations) Regulations, 1936/1948.

(1) Cowsheds, Dairies and Milkshops.

The following is a summary of the particulars as recorded in the registers for the year ended 31st December, 1948.

No. of persons registered as cowkeepers	..	..	..	..	16
No. of premises used as cowsheds	..	..	..	..	31
No. of cowkeepers who are also retailers of milk	..	..	..	1	
No. of persons registered as dairymen, with dairies	..	..	35		
No. of shops selling bottled milk only	..	..	..	8	
No. of persons registered as retail purveyors of milk, including dairymen	..	..	..	..	52
					<hr/>
The following visits were paid to dairy premises:					
Cowsheds	..	..	..	..	39
Dairies and Milkshops	..	..	..	..	288
					<hr/>
Total	..	..	..	..	327
					<hr/>

(2) Bacteriological Examination of Milk.

(a) Tubercle bacilli.

No samples were taken during 1948 as the laboratory was unable to undertake the necessary examinations.

(b) Cleanliness.

Routine sampling of non-graded milk was continued, and 29 samples were submitted to bacteriological examination by the methylene blue reduction test and also for the presence of coliform organisms.

The results of the examinations may be summarised as follows:—

i. *Methylene Blue Test.*

The standard adopted is that for “Accredited” milk, viz., a sample taken at any date from the 1st May to the 31st October is regarded as satisfying the methylene blue reduction test for the presence of bacteria if it fails to decolourise the methylene blue in 4½ hours. A sample taken at any date from the 1st November to the 30th April is regarded as satisfying the test if it fails to decolourise the methylene blue in 5½ hours.

20, or 68.9 per cent of the samples were up to standard and 9, or 31.1 per cent below it.

ii. *Coliform Organisms.*

The standard adopted is that for "Accredited" Milk, viz., absence of coliform organisms in one-hundredth of a millilitre. 18, or 62.1 per cent were up to the standard, 11, or 37.9 per cent below it.

iii. *Summary and remarks.*

Of the 29 separate portions of non-graded milk examined, 18, or 62.1 per cent were up to "Accredited" standard and 11, or 37.9 per cent below such standard.

This is extremely valuable work. Besides indicating the unsatisfactory sources of milk, it is a valuable piece of educational work from the point of view of the farmer and dairyman. In every case, the results of the examinations are sent to the persons concerned, together with comments as to possible causes of unsatisfactory results. In this way the co-operation of the trade is secured and generally speaking the work is much appreciated by the dairymen in the City.

(3) **Graded Milk.**

Milk (Special Designations) Regulations, 1936/1948.

The following licences were in force during the year 1948:—

Licence to produce “Tuberculin Tested” milk	..	..	..	4
Licence to bottle and retail “Tuberculin Tested” milk	..	..		7
Licence to pasteurise milk	..	..	..	4
Licence to retail “Pasteurised” milk	..	..	..	9
Licence to retail “Tuberculin Tested (Certified)” milk	..	..		6
Licence to produce “Accredited” milk	..	..	..	3

During the year 1948 samples of Graded milk were obtained as follows:—

"Tuberculin Tested (Certified)"	..	..	..	..	..	88
"Tuberculin Tested"	..	..	..	..	..	181
"Accredited"	..	..	..	..	..	54
"Pasteurised"	..	..	..	..	..	208
"Heat-treated"	..	..	..	..	..	93
Tuberculin Tested "Pasteurised"	..	..	..	..	..	107

184, or 68.3 per cent of the samples of "Tuberculin Tested (Certified)" and "Tuberculin Tested" Milk were up to the prescribed standard and 85, or 31.7 per cent below standard. Of the 85 samples below standard, 13 were unsatisfactory as regards methylene blue only; 37 as regards coliform organisms only; and 35 in both respects.

34, or 63.0 per cent of the samples of "Accredited" milk were up to the prescribed standard and 20, or 37.0 per cent below standard. Of the 20 samples below standard, 3 were unsatisfactory as regards methylene blue only; 15 as regards coliform organisms only; and 2 in both respects.

201, or 96.5 per cent of the samples of "Pasteurised" milk were up to the prescribed standard and 7, or 3.4 per cent below standard. Of the 7 samples below standard, 4 were unsatisfactory as regards methylene blue and 1 unsatisfactory as regards the phosphatase test; and 2 in both respects.

91 or 97.8 per cent of "Heat Treated" milk were up to the prescribed standard and 2 or 2.2 per cent below standard. The 2 samples below standard were unsatisfactory as regards the phosphatase test.

97 or 90.6 per cent of the Tuberculin Tested "Pasteurised" milk were up to the prescribed standard and 10, or 9.4 per cent below standard. Of the 10 samples below standard 4 were unsatisfactory as regards the Phosphatase test, 4 were unsatisfactory as regards the methylene blue, and 2 in both respects.

(4) Ice Cream.

Food and Drugs Act, 1938.

Ice Cream (Heat Treatment, etc.) Regulations, 1947.

Oxford Corporation Act, 1933.

Oxford (Food) Order, 1945.

The number of persons registered for the manufacture and sale of ice-cream is as follows:—

Manufacturers	..	..	..	..	..	18
Sellers	..	..	..	..	..	99
					—	117

During the year 1948, 90 samples of ice-cream were submitted for bacteriological examination. The test used for this purpose is a modification of the Methylene Blue Test as applied to milk for many years. The present modified Methylene Blue Test for ice-cream is a provisional test and the results obtained must be used with care. They are intended to supplement the reports of the inspection of manufacturers' premises and they must not be used as the sole criteria on which to judge the bacteriological quality of ice-cream.

The test provides for the classification of ice-cream into four grades, I, II, III and IV. It is considered desirable that at least 50% of samples taken *over a period* should fall into Grade I; at least 80% into Grades I and II; not more than 20% into Grade III; and none into Grade IV.

The summary of the results of the 90 samples examined during 1948, are as follows:—

	No.	Percentage
Grade I	43	47.8
Grade II	19	21.1
		—68.9
Grade III	24	26.7
Grade IV	4	4.4
	—	—
	90	100.0
	—	—

The results for individual manufacturers are as follows:—

<i>Manufacturer</i>	<i>Grades</i>			
	I	II	III	IV
1.	1	—	1	—
2.	2	—	—	—
3.	11	4	—	—
4.	8	—	3	—
5.	—	—	4	2
6.	4	2	—	—
7.	—	1	1	—
8.	—	2	5	—
9.	2	—	—	—
10.	7	—	—	—
11.	—	2	3	1
12.	1	1	1	—
13.	—	3	1	—
14.	—	—	3	—
15.	1	—	—	—
16.	1	—	—	—
17.	2	—	—	—
18.	—	1	—	1
19.	1	—	—	—
20.	1	3	—	—
21.	1	—	2	—
Totals	43	19	24	4

The provisional Methylene Blue Test at present in use has been severely criticised by a number of authorities, on the grounds that the results obtained do not compare accurately with the inspection reports. In Oxford, however, there has been very general agreement between the test results and the conditions found on inspection. A notable exception is the case of manufacturer No. 5, four samples being in Grade III and two in Grade IV, although the general standard of cleanliness has always been very high.

As and when the staffing position improves it is hoped to increase the number of samples. The results obtained will continue to be used with caution, as a help in the supervision of the manufacture of ice-cream in the factories.

Speaking generally the results obtained in 1948, may be considered as satisfactory.

It is hoped to submit samples of ice-cream during 1949, for chemical as well as bacteriological examination, following the arrangements made by the Ministry of Food.

(B.) MEAT AND OTHER FOODS.*Food and Drugs Act, 1938.**Public Health (Meat) Regulations, 1924.***(1) Meat Inspection.**

The following figures show the extent of the work of Meat Inspection for the years 1944-1948.

Year	Total number of animals inspected.	Total number of visits in connection with meat inspection.
1944	38,579	911
1945	35,976	969
1946	35,301	1,015
1947	30,313	987
1948	24,761	1,001

The following summary shows the work done under the Public Health (Meat) Regulations during the year 1948:—

No. of visits to slaughterhouses, etc.	..	..	1,001
No. of carcasses examined:—			
Bulls	..	..	192
Bullocks	..	..	1,787
Cows	..	..	1,653
Heifers	..	..	2,558
Calves	..	..	4,991
			11,181
Sheep	..	..	13,037
Swine	..	..	543
Total	..	..	24,761

As a result of these inspections, various diseased or unsound conditions were discovered as detailed in the following tables. The amount of tuberculosis met with is shown in Table 1 and other diseased conditions in Table 3. Table 2 shows the number of carcasses inspected and the percentage incidence of disease. Table 4 shows the amount of meat dealt with on account of decomposition.

TABLE 1. TUBERCULOSIS IN FOOD ANIMALS. 1948.

Portion dealt with	Bovines		Pigs		TOTALS Bovines & Pigs	
	No.	Weight (lbs.)	No.	Weight (lbs.)	No.	Weight (lbs.)
Entire carcasses and all organs	80	46,797	3	506	83	47,303
Hindquarters	2	322	—	—	2	322
Forequarters	29	3,810	—	—	29	3,810
Portions of meat	33	1,497	—	—	33	1,497
Heads	474	15,514	29	1,029	503	16,543
Lungs	705	8,172	5	33	710	8,205
Livers	139	2,023	—	—	139	2,023
Stomachs	12	347	—	—	12	347
Mesenteries	13	143	18	30	31	173
Intestines	7	127	—	—	7	127
Plucks	15	77	2	19	17	96
Hearts	5	29	—	—	5	29
Spleens	25	50	1	1	26	51
Skirts	18	43	—	—	18	43
Kidneys	17	83	—	—	17	83
Udders	3	51	—	—	3	51
Totals	1,577	79,085	58	1,618	1,635	80,703

TABLE 2. CARCASSES INSPECTED AND CONDEMNED. 1948.

	Cattle, exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,537	1,653	4,991	13,037	543
Number inspected	4,537	1,653	4,991	13,037	543
<i>All diseases except Tuberculosis:</i>					
Whole carcasses condemned ..	13	36	38	27	13
Carcasses of which some part or organ was condemned ..	1,238	567	23	398	78
Percentage of the number in- spected affected with disease other than tuberculosis ..	27.6	36.5	1.2	3.3	16.8
<i>Tuberculosis only:</i>					
Whole carcasses condemned ..	22	53	5	—	3
Carcasses of which some part or organ was condemned ..	480	473	19	—	37
Percentage of the number in- spected affected with tuber- culosis	11.1	31.7	0.5	—	7.4

[illegible]

TABLE 4. DECOMPOSITION OF MEAT. 1948.

Quantity dealt with									Weight lbs.
ENGLISH:									
Beef .. .. .	..	..	..	..	..	..	..	..	139
Pork offal .. .. .	..	..	..	..	..	..	..	..	29
IMPORTED:									
Beef .. .. .	..	..	..	..	..	..	..	..	1,587
Beef offal .. .. .	..	..	..	..	..	..	..	..	120
Mutton .. .. .	..	..	..	..	..	..	..	..	32
Total .. .. .	..	..	..	..	..	..	..	..	1,907

From the Tables it will be seen that the quantity of meat dealt with during the year on account of disease or decomposition, was as follows:—

	lbs.	lbs.
1. Tuberculosis	80,703	
2. Other diseases	56,059	
3. Decomposition	1,907	
	—————	138,669

This consists of:—

English Meat	136,930	
Imported Meat	1,739	
	—————	138,669

It was not necessary to seize formally any meat during the year and no legal proceedings were taken.

(2) Other Foods.

The following is a summary of the various food shops and premises within the City, together with visits paid during 1948:—

Premises	No.	Visits paid
Butchers	60	378
Fishmongers and poulterers	39	261
Fruiterers and greengrocers	64	6
Grocers	225	218
Market stalls, carts, etc.	42	227
Bakehouses	27	92
Dairies and Milkshops	20	288
Cowsheds	31	39
Ice-Cream premises	9	451
Restaurants	34	37
Miscellaneous visits	—	695
Visits <i>re</i> sampling	—	815
Totals	551	3,507

As a result of these inspections the following food stuffs were found to be unsound and were destroyed:—

Food Stuffs									Weighed lbs.
Bacon	...	...	...	...	...	...	...	...	47
Butter	...	...	...	...	...	...	...	...	15
Cereals	...	...	...	...	...	...	...	...	1,740
Cheese	...	...	...	...	...	...	...	...	148
Corned Beef	...	...	...	...	...	...	...	...	2,726
Fish in Tins	...	...	...	...	...	...	...	...	3,885
Fish, Wet	...	...	...	...	...	...	...	...	4,126
Fruit, Fresh	...	...	...	...	...	...	...	...	85
Fruit in Tins	...	...	...	...	...	...	...	...	1,960
Jam	...	...	...	...	...	...	...	...	681
Meat in Tins	...	...	...	...	...	...	...	...	515
Milk, Condensed	...	...	...	...	...	...	...	...	1,203
Poultry	...	...	...	...	...	...	...	...	508
Soup	...	...	...	...	...	...	...	...	111
Vegetables in Tins	...	...	...	...	...	...	...	...	1,626
Miscellaneous	...	...	...	...	...	...	...	...	3,667
Total	...	...	...	...	...	...	...	...	23,043

During the year legal proceedings were instituted in respect of the sale of a loaf of bread which was condemned by a magistrate as unfit for human consumption. The manufacturers of the loaf were fined £5.

(3) Markets.

There are two markets in Oxford, a large covered permanent market and a weekly open market at the Oxpens held every Wednesday, where there are a variable number of food stalls.

The number of food stalls at the Covered Market is as follows:—

Butchers and Bacon Dealers	..	..	..	13
Fishmongers and Poulterers	..	..	..	9
Fruiterers	..	..	..	17
Confectioners	..	..	..	3
				—
				42
				==

The covered market is fairly satisfactory, all the food stalls being under cover.

(4) Shops, Stalls and Vehicles.

The majority of meat traders now keep the windows of their shops closed as a precaution against the blowing of dust and dirt on to their meat and in only a few cases has it been necessary to draw their attention to the provisions of the Public Health (Meat) Regulations in this connection. It cannot be emphasized too strongly that it is impossible to prevent the contamination of meat unless it is kept behind glass.

(5) Slaughterhouses.

Under the Ministry of Food's centralised slaughtering scheme only 3 slaughterhouses are now in use in the city. They are subject to daily inspection, and several improvements have been effected during the year.

(C.) ADULTERATION, ETC.

Food and Drugs Act, 1938.

Public Health (Condensed Milk) Regulations, 1923 and 1927.

Public Health (Dried Milk) Regulations, 1923 and 1927.

Public Health (Preservatives, etc., in Food) Regulations, 1925-27.

(1) Food Sampling and Analysis.

Table 5 shows the number and nature of the samples of food and drugs obtained during the year 1948 under the Food and Drugs Act 1938, and submitted to the Public Analyst. The Table also shows the result of the analyses.

TABLE 5. 1948.

ARTICLE	No. of Informal Samples	No. Genuine
Almond Oil	1	1
Anchovy Paste	2	2
Apple Juice	1	1
Aspirins	10	10
Basilicon Ointment	1	1
Beans	2	2
Beetroot	1	1
Bicarbonate of Soda	3	3
Blancmange	1	1
Blood Purifier	1	1
Boracic Ointment	2	2
Butter	2	2
Cake Mixture	5	5
Cascara Sagrada	1	1
Castor Oil	3	3
Celery Salt	1	1
Children's Tonic	2	2
Chocolate Tabs	1	1
Chocolate Cup	1	1
Cocoa	2	2
*Coffee	7	7
Cold Cream	1	1
Confection Senna	1	1
Cough Balsam	1	1
Cough Mixture	8	8
Cough Pastilles	1	1
Curry Powder	3	3
Dried Milk	1	1
Dried Mint	1	1
Dried Onions	1	1
Drink Powder	3	3
Embrocation	1	1
Epsom Salts	3	3
Flavour Powder	5	5
Fish Balls	3	3
Fish, Canned	1	1

ARTICLE	No. of Informal Samples	No. Genuine
Fish Paste	8	8
Formalin Mint Tablets	1	1
Friars Balsam	1	1
Fullers Earth	1	1
Gelatine	1	1
Glucose Tablets	1	1
Glycerine, Lemon and Honey	2	2
Glyco Thymolin	1	1
Grape Puree	1	1
Gravy Powder	3	3
Ground Ginger	1	1
Ground Nutmeg	1	1
Hair Cream	1	1
Health Salts	2	2
Horse Radish	3	3
Indigestion Tablets	2	2
Iodine	1	1
Junket	1	1
Kruschen Salts	1	1
Laxative Tablets	4	4
Lemonade Crystals	4	4
Liquid Paraffin	1	1
Liquorice	2	2
Lozenges	3	3
Lung Mixture	1	1
Malante Tablets	1	1
Malt Squares	3	3
Meat Extract	2	2
Meat Patty	7	7
Menthol Snuff	1	1
Menthol Tablets	2	2
Milk of Magnesia	1	1
Mushrooms	1	1
Mussels	1	1
Mustard	3	3
Mustard Cream	2	2
Olive Oil	1	1
Onion Powder	1	1
Pea Flower	1	1
Pease Pudding	1	1
Pepper	3	3
Petroleum Jelly	2	2
Pickled Cabbage	1	1
Pudding Mixture	2	2
Rybaferin Tablets	1	1
Rye Meal	1	1
Sauce	8	8
Salad Dressing	2	2
Semolina	1	1
Soup Powders	8	8
Spinach	1	1
Sponge Mixture	1	1
Stuffing	3	3
Suet Pudding	1	1
Sulphur Ointment	1	1
Sulphur Tablets	2	2
Sweepat	1	1
Sweetening Tablets	1	1
Syrup of Figs	2	2
Throat Tablets	3	3
Tincture of Quinine	1	1
Tomato Puree	1	1
Tomato Soup	1	1

ARTICLE	No. of Informal Samples	No. Genuine
Tonic Tablets	1	1
Unsweetened Condensed Milk...	2	2
Vinegar	2	2
Whalemeat	1	1
Whelks	1	1
Yeast Tablets	1	1
Zinc Castor Oil Cream	1	1
Zinc Ointment	1	1
Totals	218	218

During the year 81 informal samples of milk were examined in the Department by the Gerber Process, and 43 or 53.1 per cent were found to be below standard.

The Sale of Milk Regulations, 1939, lays down that unless milk contains a minimum of 3 per cent fat and 8.5 per cent solids-not-fat, it shall, until the contrary is proved, be deemed to have been adulterated. The average percentage composition of the milk examined in 1948 is as follows:—

	<i>Milk fat per cent</i>	<i>Solids not-fat per cent</i>	<i>Total solids per cent</i>
81 samples examined by the Gerber Process	3.56	8.45	12.01

(2) Condensed and Dried Milk.

No action was taken with regard to the Condensed Milk and Dried Milk Regulations during the year.

(3) Preservatives in Food.

The Public Analyst examined the various foodstuffs for the presence of preservatives and all the samples were found to be genuine.

(4) Cases of adulteration and action taken.

Nil.

(D.) MISCELLANEOUS.

(1) Merchandise Marks and Orders.

No action during the year.

(2) Agricultural Produce (Grading and Marking) Act.

No action was necessary under this Act during the year.

